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The Biennial Meeting Canadian Nurses Association

By ETHEL JOHNS

The usual Convention number of *The Canadian Nurse* will, in due course, give the official report of the proceedings at the meeting in Regina. That which is set down here is not intended to anticipate nor to supplant that report, but is simply an attempt to give a first-hand impression of an important occasion, an impression all the more vivid because the writer had been away from Canada for nearly five years.

A prolonged absence of this kind inevitably gave an added freshness and intensity to a familiar landscape. It also made possible a detachment in one's point of view which rendered a study of the approach of Canadian nurses to their common problems both interesting and instructive.

To this observer it seemed that history was made in Regina. The interim report of the *Survey* was, of course, the central point of interest. Here all the groups found common ground and, as a result, there was less emphasis on specialisation than usual. This is not the place to discuss the findings of the Interim Report. It will be enough to say that it was abundantly clear that Dr. Weir commands the respect and confidence of Canadian nurses and that their professional and personal interests are safe in his hands. He did not hesitate to boldly put his finger on several sore spots, but his kindly and searching diagnosis was accepted in the spirit in which he made it, and will go far toward preparing the way for better things. The work of the committee and of Dr. Weir will be watched during the coming months with keen interest and will doubtless call forth the spirit of unselfish co-operation for which Dr. Weir so eloquently pleaded.

A pleasing international touch was given to the meeting by the presence of Dr. Edith Bryan, of the Department of Public Health Nursing of the University of California. Dr. Bryan's kindly humour and incisive phrasing made her addresses not only informative but interesting and stimulating as well.

One of the happiest features of the convention was the active participation of the younger group of nurses. They not only had the courage of their convictions but also the ability to express them clearly and well. To one who remembers the bad old days when a harassed chairman had to beg in vain for immediate discussion from the floor rather than delayed criticisms in the corridors after the meetings, this new state of affairs was most encouraging. The compliment paid to the President of the Association by one of the Regina physicians to the effect that the deliberations of the nurses were conducted with exemplary dignity, good temper, and common sense seemed amply deserved.

At the risk of appearing to single out one group for praise to the exclusion of the others, the writer would like to pay tribute to the spirit in which the Private Duty Section conducted its meetings. The nursing profession as a whole is passing through a difficult phase, and this group, more than any of the others, had had to bear the brunt both of criticism and of economic stress. Its members discussed their special problems not only with frankness and good sense, but with a complete absence of the bitterness which might well have been held excusable in their difficult circumstances. Constructive suggestions were put forward which, if carried into action, ought to show definite results before long. Watch the private duty nurses during the coming year. They not only know where they are going; they are on their way.

Inability to be physically present in more than one place at a time made it impossible to attend the meetings of the other groups as often as one would have liked. It was the writer's privelege, however, to "sit in" with a small group of public health nurses especially interested in departments of nursing in universities. It seemed a far cry from the days when departments of nursing in universities were regarded more or less askance as dangerous innovations sponsored by irresponsible radicals. It is not to be inferred that the place of nursing in Canadian universities is by any means secure or permanent. It can reasonably be hoped, however, that nursing has demonstrated its worthiness for some measure of academic recognition.

In the Nursing Education Section one naturally felt most at home and can only ask pardon for doing so much of the talking.

The value of the *National Office* and of the work of the Executive Secretary was apparent at every turn. Canadian nurses now form a well integrated national group. Foreign observers have frequently commented on the remarkable fact that in a thinly populated country, extending over such vast areas, it has yet been possible for Canadian nurses to develop a national consciousness which found united expression in such a heavy undertaking as the International Congress in Montreal. One of the chief binding forces has been the careful and patient work done at headquarters in Winnipeg.

No account of the Convention would be complete without mention of the luncheon given by the Regina and District Medical Association. There is possibly no country in the world where medical men and nurses have developed such a happy and dignified professional relationship as that which exists in Canada. The spirit of comradeship which prevailed at this luncheon is typical of it. It is a precious possession which Canadian nurses will do well to foster during the difficult adjustments which must be made sooner or later in order to meet changing conditions.

One closing word about the Saskatchewan and the Regina nurses. It was a heavy task they set themselves when they invited the nurses of Canada to Regina. It will be agreed that, from the Provincial President down, they acquitted themselves admirably; in other words, they displayed the Western spirit at its best. It is rumoured that the Committee on Arrangements had very little time for food or rest during the entire week. Things went so smoothly that one almost failed to realise the ungrudging effort and careful attention to detail which kept the wheels turning without friction.

Perhaps one's most vivid and lasting impression was that of youth. It was a *young* convention in one of the youngest of the provinces. The next few years may be dangerous and difficult, but given youth and hope, courage and intelligence, what is there to fear? Canadian nurses will find the true way and follow it.

Registration

The Significance of Registration, What Has Been Accomplished Through It, and What May Be Its Ultimate Goal

By **MARGARET F. MYLES**, Student in Administration, School for Graduate Nurses, McGill University, Montreal

To fully appreciate the significance of registration we must trace the growth and development of nursing from the period previous to that of the so-called "modern nursing," which, it is generally conceded, dates back to the reforms introduced by Florence Nightingale. Owing to the decline of the mediaeval system of nursing, the care of the sick was in the hands of the servant or attendant class, who were devoid of education, professional status or altruistic motives, and who regarded the work as drudgery.

The very essence of the reforms introduced by Florence Nightingale lay in the attempt to take nursing out of the hands of the uneducated, for she could foresee the possibilities of nursing as a career for women of culture and refinement if only it could be elevated to a position more consonant with the responsibilities it involves.

She was able to persuade women of high ideals and noble purpose to join the ranks of the nursing profession, and they were conscious that the advancement of nursing could only be accomplished by greater unity of thought and purpose, sympathetic understanding, and a whole-hearted endeavour to improve existing conditions, an accomplishment which could be brought about through co-operation, association and organisation. Alumnae associations were formed, and we see the gradual evolution of a group consciousness and the realisation of a sense of responsibility. The movement to organise the Society of Hospital Superintendents was one of the first definite steps taken toward the ideal of registration. Policies were formulated and the motives which inspired the group movement were definitely established. From this organisation emerged a form of self-government with definite aims and objectives, for the ultimate good of a profession depends upon concerted action for success.

History shows that when the members of a group begin a self-study of their educational problems, important steps in progress shortly get under way, and the development of any profession depends on the ability of its members to control and improve the education and training of its new members.

Results

With the increased numbers and the growing complexity of economic conditions causing variation and wide discrepancies in the various nursing schools, it was considered necessary to have a standardised type of education to which all who would obtain status should conform, so that the title "nurse" would have some significance, so that the public in engaging the services of a nurse would have the same protection which it has in selecting other persons who are legally licensed to practise, such as physicians and pharmacists. To do so, certain laws are enacted defining minimum requirements in the course leading to the title Reg.N., and to carry out the provision of these Acts, Boards of Examination and Registration are provided. The duties under the Registration Acts vary, but usually include the following:

To make rules and regulations and prescribe all conditions not laid down in the Act by-laws.

To approve schools for nurses.

To draw up syllabus of instruction.

To place names on the Register and keep same.

To removè names under certain conditions.

To deal with finance.

Laws should be permissive until all existing nurses are enrolled, and a waive clause is usually inserted to provide for those who practised before the law was made.

Reciprocity is usually extended to other provinces and countries whose standards of registration are on a similar level.

Legislation provides for the constitution of new and better laws or in combatting injurious amendments to existings laws.

Registration has set a hall-mark of distinction between the nurse who graduates from a school recognised by the authorities and maintaining proper standards and the nurse with no legal status. Legal status brings public recognition, and when the public become more cognizant of our aims and objectives, and how we are attempting to realise them, a bond of sympathetic understanding arises. The title Reg.N. stands for a quality upon which the public can depend, and it is by higher education and loyalty to our ideals that we can maintain that quality.

Registration has given professional enfranchisement to nurses by raising the status of the nursing profession; women of superior intelligence and university education are being attracted to join the ranks.

Registration has raised the standards of nursing education, and through examinations the instruction given in training schools has been standardised by stipulating the minimum amount of knowledge and experience that a nurse must receive. A minimum curriculum has been compiled and must be covered.

Registration has decided the length of time required for the training of a nurse.

It has set the standard of education necessary as a pre-requisite to entering the nursing profession.

It has decided the minimum age of applicants.

It has decided what type of hospital shall conduct a training school and caused hospitals to make up their shortcomings by affiliation.

It has decided what the minimum average of patients per diem shall be so that the nurse shall have a sufficiently wide and varied experience.

It has recommended the services which must be covered and the length of time to be spent in each.

It has recommended the hours spent on duty daily, the limit of time spent on private wards and on night duty.

It has recommended the inauguration of preliminary training schools, and of accepting probationers in groups at regular intervals.

It has recommended the minimum amount of equipment necessary to carry out the instruction and the employment of full-time instructors.

It has decided that the nurse must get adequate experience in the four main services and that post-graduate training in deficiencies in any of these is not ideal.

Through Registration laws, regular inspection of schools is carried out.

The superintendents and staff members must be registered nurses.

Registration has been instrumental in deciding the rate of remuneration graduate nurses shall receive, after due consideration of existing conditions in the community.

Registration has done much in an indirect, incidental way that is very valuable. Through the higher standards of education demanded, schools have been obliged to appoint full-time instructors who are qualified to teach. This has created a demand for teachers and to prepare nurses of exceptional ability, university schools for graduate nurses have been created. It has caused the boards of hospitals to realise that the nurse is entitled to her education and that facilities must be provided if they would attract the right type of applicant. The extra time necessary for class-work has caused much of the uneducative housekeeping duties to be eliminated, and administrators are focussing their attention on the education of the nurse as they never have done in the past.

Various registered nurses associations have given scholarships to nurses who have shown aptitude to benefit by further study and instruction.

Through attendance at conventions which are held regularly by registered nurses associations, information which has been gathered by daily experience in which originality and initiative have had full scope, is pooled, organised and redirected, and is a source of encouragement and stimulation to many.

Round table conferences, lectures and demonstrations are a potent factor in keeping the nurses up-to-date. By representation of the different groups, their own particular problems can be studied.

Through the healthy spirit of rivalry between schools, provinces and countries in an endeavour to raise their standards, the quality of nursing is on the upward trend, and in order that reciprocity can be accomplished a system of record-keeping has been introduced which makes available the nurses' practical and theoretical records.

The fact that registration is a well-known and accepted institution will do much to abolish the appointment of superintendents through political influence unless qualified for the position. The tone of many institutions has been raised through the appointment of registered nurses.

Through the Survey which is being conducted under the auspices of the Canadian Nurses Association and the Canadian Medical Association, we hope to receive enlightenment as to the destiny and possibilities of nursing education.

The Ultimate Goal

The foundations of our profession have been well and truly laid: minimum standards of education have been defined; the nurses of today have come into their heritage of legal status. Their problem is how to render true and laudable service to meet the constantly increasing demands upon their kindness, skill and organising ability so that they shall not fail the public who rely upon them. If we would keep faith with the public we must remember the conception of nursing as Florence Nightingale taught it: to be teachers of health, to prevent disease as well as to cure it by our organised efforts and the introduction of the public health aspect into our curriculum not as an elective but as a point of view which permeates every subject taught and every ward activity.

The future challenges us to enrichment of professional life, but we should strive to have nursing raised to a higher plane so that we can be justified in the use of the term "profession." To be accepted as a profession our schools must be conducted on lines similar to other professional schools. The close connection of the school of nursing with the hospital is indispensible in the training of nurses, but we hope to see safeguards erected to protect nursing schools from complete subjection to the hospital.

We look forward to the time when registration laws will be standardised, so that in a country such as Canada we will have one law which will be national, rather than various provincial laws, then, through the International Council of Nurses our position could be defined and an effort made to have an international standard of nursing.

Mere control is not the aim of registration, although it is a very necessary aid. We have adverse influences against which we must exert our organised strength. If we would uphold our ideals and our standards we must obtain control of subsidiary groups, we must consider whether correspondence schools are not a danger to the public. Much forethought and diplomacy are required in the solution of these problems; amendments must be made, but conditions must be ripe for their acceptance: public opinion must be behind us. The support of every nurse is imperative to strengthen the efforts of our leaders in their efforts to accomplished these projects for the betterment of the nursing profession.

Through the concerted effort of registered nurses one could visualise an appeal being made to the state for a grant to further the education of nurses. The vitalising influence of university relationships is being experienced and may also open avenues hitherto educationally undeveloped.

The criterion by which attainment may be judged is the degree of encouragement given to the development and cultivation of the receptive attitude of mind. The professional group should aim to instil in its young members the inspiration which will urge them to seek further development so that the torch which was lit with such revered tenacity of purpose and breadth of understanding will burn brightly in perpetuating the true spirit of nursing, showing the way to our ultimate goal.

Individual or group vision should not be limited to the horizon of professional life only, but to an ideal of life which becomes steadily more perfected, rich in usefulness, helpful in spirit, rendering inestimable service in the betterment and welfare of mankind.

The Education of Abnormal Children

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General Considerations

The mental disorders of childhood are numerous and varied. The arrests of development are beyond question the most common, and are grouped ordinarily under three categories—idiocy, imbecility and feeble-mindedness. The idiot and the lower imbecile are quite at the bottom of the scale, and the almost complete absence of intelligence in them precludes all possibility of their receiving a practical education. The higher imbecile and the feeble-minded are the types that we shall consider here particularly.

These are patients presenting more or less marked intellectual deficiency, but who are nevertheless always capable of new acquisitions. The higher imbecile has the mentality of a child of from five to seven years; he is able to express his thoughts orally in a satisfactory manner, but he writes only laboriously; he is capable of executing delicate work, and education transforms him into a useful individual in our institutions. The feeble-minded person has a mental age of from seven to twelve years; he can speak and write correctly. On the other hand, his power of attention is quickly fatigued, and his judgment and acquisitive faculties are more or less inadequate. He does not therefore, have the intellectual capacity necessary to keep up with the general progress of the children of his own age in the common schools; he is quickly outdistanced by the others and benefits very little from the present day rapid methods of teaching. He ends by becoming discouraged and completely disinterested in his scholastic duties. His parents are soon forced to withdraw him, and the child, deprived of the normal interests of his age, becomes idle, vagrant, and sometimes criminal. It is estimated that there are some 60,000 of these feeble-minded in Canada. The Ecole La Jemmerais, situated near Quebec, receives those belonging to that Province.

Etiology

What then is the cause of these mental disorders of childhood? In the case of the four hundred applications for admission to our institution we have enquired into the etiological factors mentioned by the authors. The personal antecedents most often mentioned are: infantile convulsions, meningitis, tuberculosis, traumatism, infectious fevers, in the first rank of which we must place scarlatina, diphtheria, and typhoid. Hereditary antecedents are also very common, and those which we have noted oftenest are mental alienation, alcoholism, tuberculosis, syphilis, and consanguinity. These arrests in intellectual development are often associated with encephalopathic lesions of intra-uterine life or early infancy, involving the different psychic areas, motor, sensory, and preceptive. Feeble-mindedness is, then, often associated with physical disorders, to particulars about which we shall return shortly.

Diagnosis

How can we recognise these states of retardation? Idiocy and marked imbecility cannot be mistaken, but the diagnosis of feeble-mindedness is always much more difficult.

Let us recall first of all, in the case of the feeble-minded, his disorders of voluntary attention and judgment, his inaptitude for learning, which were mentioned above. These symptoms are purely psychiatric, and submitted to the personal appreciation of the examiner they give rise to a simple clinical impression. About 1900, Binet and Simon undertook in France the systematic study of this affection and placed the world under obligation to them on account of their celebrated tests for the estimation of intelligence, which everybody has long been acquainted with and uses every day. These tests were the first really scientific means for establishing the intellectual level of an individual. Since they were the first described they have been modified or augmented by different authors, but the basal principles remain the same.

The tests in general establish a definite mental age but they constitute only one element in the diagnosis and one should realise that a mental age inferior to the chronological age does not necessarily indicate an arrest of intellectual development, and that different abnormal states are to be distinguished.

One should always keep in mind the possibility of *simple mental retardation*, not pathological; this is the case where certain children have missed school because, on account of physical infirmities or other unfortunate conditions, they have been unable to follow the curriculum and develop their different faculties. It is, perhaps, here where the study of *motor debility* presents the most interesting diagnostic problem. We have seen above that arrests of development frequently manifest themselves in the physical, mental or perceptive domains. Dupre has described the syndrome of motor debility composed of the following principal elements: exaggeration of the tendon reflexes, disturbance of the plantar reflex, associated movements, and paratonia. He mentions also many less important accessory signs which we shall refrain from enumerating here. All these anomalies are physiological in young children, and their over-prolonged persistence indicates, it can easily be understood, an arrest in the development of the motor areas of the cortex. Some persons who are particularly intelligent sometimes exhibit a definite motor weakness, but this is exceptional, and the motor weakling is usually at the same time an intellectual weakling.

Psychopathic personalities are still to be distinguished; the constitutional delinquent, the hyperemotive and the paranoid present above all, moral, affective, or emotional disturbances. The intelligence, properly speaking, is usually normal. These persons can generally pass their childhood in the common schools, sometimes even attain success. It is generally only in their later childhood or at adolescence that they come in conflict with the law, or that they develop a frank psychosis which leads to their detention in the mental hospital.

The *dementias* are still met with often enough. Epilepsy in the child often brings on mental degradation quickly; the seizures prevent the subject from prosecuting his studies; changes in disposition and character make him sometimes a candidate for the mental hospital.

Traumatism and infectious maladies of childhood can also give rise to the various developments of dementia. A little girl whom we studied, particularly well endowed mentally up to the age of five years, passed through at that time an attack of malignant scarlatina. According to the statement of her relations she had "lost her memory"; as a matter of fact, she was in a characteristic state of dementia, recalling hebephrenia. A special place should be reserved for schizophrenia and dementia praecox, which rarely come on before puberty. The antecedent history of the patient, his incoherence, his impulsiveness, his egotism, his catatonic postures, and a host of other symptoms, more or less constant, make this condition easy of recognition.

Certain *physical affections of the neuraxon* are often the cause of mental abnormalities in children; infantile paralysis, encephalitis lethargica, cerebro-spinal meningitis; chorea, disseminated sclerosis, and cerebral tumours are the most frequent; in addition, we should mention the infantile hemiplegias, most, often related to heredo-syphilis, and also certain epilepsies, to which Geyelin and Penfield have lately drawn attention, that bring about calcifying endarteritis in the brain. These physical maladies, in general, present no characteristic syndrome, but the history, and above all, the neurological examination, should point the way to diagnosis.

The feeble-minded person is not protected from all these mental and physical disorders; on the contrary, he is, by definition, a being with lessened resistance who bears with difficulty the assaults of community life. Thus it is that we often meet with, on the one hand, the preverse feeble-minded, the epileptic, the hysterical, the hypermotivated, and the paranoiac, or, on the other hand, those who present congenital hemiplegia, infantile paralysis, encephalitis, tuberculosis, rickets, to name only the principal conditions. For example, we have followed for some years at St. Michel Archange the case of a complete imbecile, a heredo-syphilitic and epileptic, and almost blind, who was thus difficult to understand; he presented also arrest of physical development, infantile hemiplegia, involuntary movements, and gastro-intestinal disturbances. Pulmonary tuberculosis, fortunately put an end to his miserable existence Patients are not always so seriously affected, and when confronted with the association of physical disabilities and mental debility one should consider the part played by the different syndromes before judging of the educability of the child.

Prognosis

A satisfactory state of the physical health is the principal requisite in undertaking successfully the education of a feeble-minded person. It is, moreover, of the highest importance to follow these children from a tender age, inasmuch as they are then more tractable, more suggestible, and more submissive; accordingly, the possibility of moral contamination is lessened, various other dangers can be avoided, and very serious complications can be rendered more remote. Troubles of conduct, instability of attention, as also of behaviour and character, are of unfavourable prognostic import.

The level of intelligence can be raised when the subject is young and the degree of retardation is slight. All these authors have for a long time been of this opinion, and recently Dr. Lucie Bonisse, a pupil of Dr Th. Simon, at Paris, has established "curves of intellectual development" Her method, based on numerous and prolonged observations, enables one to predict in a very exact way the development of the child. The mental standard is generally set at ten years, the minimum requirement necessary for life in society. This is one of the principal objectives that we should aim at in the education of the young feeble-minded person. It is usually easy to decide whether this attainment is a possibility, and the absence of physical infirmities or psychopathic associations will permit of a more hopeful outlook.

Treatment

Many simple feeble-minded people live peaceably in society; it is essential that their environment should furnish them with surveillance, protection, and necessary guidance.

It is of prime importance to treat first of all the physical state. Hereditary syphilis is more and more common. The Wasserman test, according to the authorities, is positive in only 5 per cent of the cases. We are quite in accord with this opinion. One should remember, however, that a negative Wasserman test does not exclude syphilis; one should, therefore, hunt carefully for the stigmata of this disease, and institute a prolonged treatment that will be likely to produce beneficial effects on the general health of the child. Anaemia, chlorosis, rachitism, scrofula (for states of excitement and agitation are almost always symptomatic) should receive appropriate treatment. Disorders of the endocrine systems can be the cause of mental retardation, and a treatment that is well carried out and sufficiently prolonged will sometimes produce happy results.

The rules of a school for the mentally deficient ought, without being too rigid, to assure good order and discipline. It is understood that the management of one child may differ greatly from that of another; those who are particularly difficult and obstinate need a stricter regime. Nevertheless, one should always proceed at first with gentleness and reason; the various punishments should be instituted with discernment and given by responsible persons.

The intellectual faculties of our patients are developed by providing them with modified and simplified scholastic courses, graded according to their ability. Various branches of knowledge are taught to the older ones. Singing, music, elocution, are very valuable aids. Moral education is furnished them by obedience to rule, punctuality, attendance on religious services, and free participation in sport.

The various occupations mentioned complete the instruction and at the same time furnish sane amusements under supervision, and hygienic recreation. It is unnecessary to insist upon the importance of the physical and moral relaxation of the children in general; ours demand still more of it. May we add, finally, that politeness, charity, and honesty are cultivated as far as possible by example and encouragement, on the one hand, and by the correction of faults, on the other. Thus we can train our pupils to meet the day's work and acquire sufficient of the sense of honour and responsibility that they may be able to live in society.

In conclusion, we may state that L'Ecole La Jammerais, inaugurated in September, 1928, is a provincial bilingual institution, supported by the government, and dedicated to the needs of the whole province.

We take particular pleasure in thanking our chief, Dr. A. H. Desloges, for his unfailing care, as well as the psychologists and psychiatrists of the province, who have not ceased to give us their friendly co-operation since the opening of our school.

(The Canadian Medical Association Journal, April, 1930.)

A Canadian Nurse in Korea

Miss Ada Sandell, Superintendent of Nurses of the Canadian Mission Hospital at Hamheung, Korea, has sent *The Canadian Nurse* an account of the first "Capping Ceremony" held in connection with the school of nursing of this hospital.

Miss Sandell, who graduated from the Lamont Public Hospital, Lamont, Alberta, in 1922, has been in Korea for over three years. She explains that most of that time has been spent in studying the language of the Koreans, and writes that nurses in Canada who have little language difficulty can hardly realise the perplexities and obstacles which must be overcome in creating a spirit of modern nursing among a people who, until recently, were only accustomed to the "Sairey Gamp" type of nurse.

The school of nursing was started in November, 1928, with two probationers in training. In April, 1929. four more young women entered and six months later three of these were successful in passing their preliminary examinations.

In a land where ceremony means so much Miss Sandell decided to make an occasion of presenting these students with their caps. She gave the following address previous to capping the nurses:

It gives me great pleasure to welcome you all here tonight at this, our first Capping Ceremony. These three nurses have finished their first six months probation period and from tonight will be as different persons.

I know that in this country there are yet some people who think that nursing is a very degrading task but I want to tell you that it is a most honourable profession. Isn't it a noble thing to help those who are unable to help themselves? What young woman could ask more than this? In every country today the nursing profession takes its place among the other professions and is regarded as honourable and desirable. To tell how it came to this place would take too long, so instead I'm going to tell you a story.

Once upon a time there was a beautiful princess who lived in a beautiful country. She was a very young and lovely princess and wore a crown that was made of gold and filled with precious jewels—diamonds, pearls, rubies and emeralds.

Now, the princess was a very human little princess, even though she was very wise and good and filled her days with deeds of unselfishness and kindly acts, and she was much loved by her father's subjects. She smilingly went about among them, loved by young and old, sick and poor, binding up their wounds, caring for their needs and going about her father's business with a high heart. In her land there was no trouble, or sorrow, or want that she did not know about and in all ways did she try to relieve; so much so that the people throughout the country knew her well and there were none who did not cherish her. When she went through the streets and lanes of the villages and towns, rich and poor brought their little children to gaze upon her, and her shining crown and beautiful robes became as symbols.

But the heart of the princess was not altogether happy, because, first, she found that the wearing of the crown made her conspicuous; second, it was so beautiful that it had to be worn very carefully; third, it had to be kept so straight, and fourth, she had to walk with gentle dignity and care so that the precious jewels would ever glow brilliantly.

One day while she was thinking of the burden of her crown and wishing that she might be like other girls, her fairy godmother appeared and asked her why she was so sad. The princess answered her, "Oh, godmother, why can't I be like other girls? Why do I have to wear the shining crown always, so that people know who I am wherever I go? Why can't I just dance and play as others do? It is such a burden to keep the jewels in the crown secure, clean and radiant."

Then the fairy godmother said, "My child, I wonder if you understand the gift of the crown and the meaning of the jewels? The crown is to show that you are the King's daughter and that you belong to the King's people, that they may see you more plainly, that they may love and adore you and follow your helpful words of courage and strength. It is the great symbol of trust that you must guard.

"What do the jewels mean? The diamonds are the jewels of silence, the blue stones are the sapphires of kindness, the glowing red ones in your crown mean honesty and the pearls are the gems of sympathy. The green ones are the emeralds of courage, and the purple ones are the amethysts of dignity, the sparkling yellow jewels are topaz of unselfishness. Of course no daughter of the King can let the diamonds of honesty get scratched and marred, nor the pearls of silence dulled by gossip or unkind talk, nor the opals of humour blemished by too much thought of self, nor the crown be worn in any but a dignified way. But then, it is a burden to keep it shining and held high. Now what can I think of that the burden may not be too heavy and you may not feel too different from those other girls?"

Then the fairy godmother disappeared from view. Soon she appeared again and said: "My child, I have thought of something. Here I have a gift for you, something shining and white that you may wear. Something not as heavy as a crown, something studded with invisible pearls because of the tradition and history back of it. It is woven of threads of honesty, courage, dignity, unselfishness and humour, sewn together with silence. and it is light and easy to wear. I give you this Nurse's Cap (because nurses are daughters of the King set apart on a special business). But there is one thing you must do if you would be worthy of the cap; you must see to it that the face beneath the cap is the kind of face that could wear a crown. It must be serene, conscious of its high calling, full of lovely thoughts, of health and strength and seriousness of purpose."

Then the little princess heaved a great sigh of joy because she felt that the cap would be a lovely thing to wear, and from that day to this, a nurse's cap, has meant to loving hearts and seeing eyes, a crown of glory, a badge of service, an emblem of loyalty and a sign of the King's daughters; and it may be seen wherever there is pain and suffering and wherever little children need guiding hands and laden mothers need strength and help, and always to the understanding heart there may be seen jewels in the fabric of the cap; diamonds of courage, pearls of silence, sapphires of kindness, rubies of sympathy, emeralds of honesty, amethysts of dignity, topaz of unselfishness and sparkling opals of humour.

Sanatorium Training for Nurses

By Dr. A. D. LAPP, Medical Superintendent, Tranquille Sanatorium, British Columbia

The large general hospital can contribute more to the training of a nurse than any other agency. The training it can give, however, is not complete; it lacks something which the special hospitals can and should contribute. The sanatorium has a great deal that is useful and necessary to put into the training of a nurse which cannot be put in by any other agency. The mental hospitals also have valuable contributions to make. It has already been recognised that the large general hospitals can give the nurse more than the smaller hospitals, and many of the latter have affiliations to give their nurses the advantages of the former. It would seem reasonable to go a step further and recognise the fact that the sanatorium and other special hospitals can give to the nurse training which cannot be had in any general hospital but which is necessary to round out her nursing education.

The sanatorium has other functions besides the isolation and treatment of tuberculosis. One of its greatest responsibilities is educational. Dissemination of knowledge regarding tuberculosis is one of the greatest factors in controlling the disease. This knowledge should come to the public from those who are usually asked for advice during illness—the doctors and nurses. How can they advise people about tuberculosis if they have never been taught anything about it? Doctors have been taught a little about it, too little, but the lack of knowledge regarding tuberculosis amongst nurses is appalling.

The sanatorium is the only place where teaching about tuberculosis can be carried out at all satisfactorily. By living amongst tuberculous people one gets an entirely different picture from that conveyed by text books and the ideas most of us picked up in our youth. The officials of some of the larger general hospitals which have tuberculosis wards may think that it is not necessary for their nurses to go to the sanatorium to learn about the disease. In my opinion they are wrong. Their need is even greater than that of the other hospitals.

In an open hospital there is bound to be a confusion of ideas to a nurse who observes several ways of treating the same disease. As no special course of instruction in tuberculosis is given, her experience in these wards is apt to be more harmful than beneficial. It would be a great help to these hospitals if they could have nurses with a good course at the sanatorium to staff their tuberculosis wards. Their stay at the sanatorium would remove the fear of tuberculosis from the minds of the nurses. I have never known a sanatorium employee to develop tuberculosis at the sanatorium as a result of his being there. The amount of tuberculosis among nurses is very striking. We have at Tranquille at the present time twenty-three patients who are nurses, or eight per cent. of all our patients and twenty-three per cent. of our female patients. There may be reasons why nurses break down with this disease more frequently than other persons, but the concensus of opinion among authorities on tuberculosis is that it is chiefly due to their lack of knowledge of this disease.

The superintendent of an Eastern sanatorium, where a course is given to nurses, states quite definitely that practically all the nurses who develop tuberculosis are those who have not had the course. They had five nurses sent as patients from one of the affiliated schools and four from two others last year, and none of them had had the course. There was no

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(From The Tranquillian, April, 1930. An address given before a meeting of the British Columbia Hospitals Association, August, 1929.)

tuberculosis in the same schools among the nurses who took the course. This is very striking and is taken as proof that the course is of great value as a protection for the nurses. All sanatorium men have been impressed with the number of undergraduate nurses in general hospitals who develop tuberculosis. It is not the diagnosed cases of tuberculosis who are treated as such that are dangerous, but the undiagnosed which come to the general hospital as a result of accident and acute medical and surgical conditions.

Another benefit to the nurses from affiliation with the sanatorium would be the bringing of nurses from various schools into contact with each other. This should have a broadening effect on their nursing experience.

Early diagnosis of tuberculosis would help more than anything else to reduce the deaths from this disease as well as the number of cases. Early diagnosis in the majority of cases seems impossible at the present time because most people put off going to the doctor for examination until they feel ill enough to have to give up work and by this time their disease is usually quite advanced. Nurses meet more people socially and professionally than doctors do on account of their greater numbers, and they are also in a better position to advise people to be examined without their motive being misunderstood. Nurses who had received a good course at a sanatorium would be on the alert for early symptoms of tuberculosis among their patients and friends and undoubtedly would be responsible for having cases diagnosed much earlier than they are at present. We know this is true of our ex-patients and employees. The influence of trained nurses would be much greater.

I have mentioned some of the ways affiliation with the sanatorium would help the general hospitals, the nurses themselves, and the public. It would also raise the standard of the sanatorium, for a teaching institution must have higher standards. The sanatoria which are already teaching undergraduate nurses claim there is an enthusiasm among student nurses that is not found among graduates. They also claim that the patients like the changing of the nurses and that on account of their short stay student nurses do not tend to get settled down to a tiresome, routine way of doing things.

Having student nurses would enable us to give a better nursing service to our patients without increasing our costs. It would not make any financial saving to the sanatorium, however. It would mean a great deal more work for the sanatorium staff, but the results would make it worth while.

We are doing no teaching at Tranquille at present. We should be. It is only fair to the public that we should and they have a right to expect it. We have every facility now for doing it. Our treatment and equipment are as up-to-date as we can make them. Our nurses' home was enlarged sufficiently last year to accommodate student nurses.

I do not believe in giving a full training course at a sanatorium and graduating nurses from there. A two or three months' course as part of the general undergraduate training is far better. Some sanatoria have found two months sufficient and easier to interest the general hospitals in.

We would like to affiliate with the hospitals throughout the province and have them send their undergraduate nurses for two months. We are equipped to teach 180 nurses a year on this plan. Without the help of the hospital executives we cannot get started. As it is only through their co-operation that we can do this work their obligation to the public is as great as ours.

Some might suggest a post-graduate course as an easy way out. Post-graduate courses have been tried in various places and have not proven very successful. Sanatorium men are unanimous in believing the undergraduate course to be much more satisfactory.

Report of Occupational Therapy Department, 1929

By GENEVIEVE L. HURD, Executive Secretary, Victorian Order of Nurses, Montreal Branch

Once upon a time there was an old lady who had so many children she didn't know what to do—she lived in a tiny house instead of the mythical shoe, and she worried so about making ends meet that she fell sick, and she was sick for a long time. The Victorian Order nurse who visited her regularly and was interested in helping her to recover and to get her grip back on life, asked the very new Occupational Therapy Department to co-operate with her in this attempt to win back her patient's interest in life and to whip up flagging muscles and nerves.

That was five years ago, and today, although the old lady is still confined to a chair, her physical and mental condition has improved, her children are growing up and are able to help with the family income, and the Occupational Therapy Department includes this family in the list of those 103 whom in six years it has helped to "come back." Some of these are still being visited regularly by the occupational therapy worker: these are the chronic patients. Some have come through the long convalescent period and are again able to take their places in the community, so have outgrown the sphere of the department, and a few have passed beyond. In this number we must remember the young man of 27, who had a T.B. spine condition, who lay for a long time in a plaster cast, and who gritted his teeth many, many times while he put stitches into a raffia bag or a tea cosey, but who persevered in spite of nagging pain because when he worked he became a competitor in the great struggle for daily bread, and the hopeless desolation of being "no use" was for a time forgotten.

There was the little boy of 13 with the heart condition, whose father had deserted the home, and whose mother scrubbed floors for a living. Bobbie was a real boy and hated being in bed all day. His two brothers and a sister went to school, and afterwards they played outside, and he could hear them shouting and calling to playmates, while he lay propped up in bed looking through the window and listening to the trains whiz by on the neighbouring tracks. Sometimes they took a pushcart, rudely made at home, and went away to fetch wood from some building which was being erected, or coal from the railway tracks, but Bobbie could not go on these exciting expeditions. The Diet Dispensary sent Bobbie soup and custards and jelly, and occasionally he would be taken in a taxi to the General Hospital, where for a few weeks he would upset the regime of the children's ward with his too vivid imaginative stories and his bad temper. Occupational therapy did not solve the problem of Bobbie's restlessness and resentfulness, but when he displayed to healthy brothers and sister Elsie the basket he had made, the amazingly startling red cows and horses he had painted in his animal books, the writing exercise he had done in a real copy-book, and the little radio with which he could hear the hockey matches, their envy and admiration made him almost proud that he was sick! An attack of scarlet fever proved too much for his resistance, and Bobbie died. A sorrowing mother told the Victorian Order nurse that she loved to remember that while she was scrubbing, her Bobbie had had something to do to shorten the long hours when he was all alone at home.

In May last year, Peter Olsen, eighty-two years old, died. We all loved this old Norwegian sea captain, admired his courage after seventeen years as a bed-ridden old man, envied the philosophy of life that he had acquired in the long slow years, and we said "good-bye" to him with a picture indelibly printed in our hearts of the happiness one volunteer worker had taken into his life when she first taught him to knit baby sweaters and to weave woollen work bags.

For many years the nurses have been visiting a woman patient who has a severe rheumatic condition; she is unable to leave her wheel-chair without assistance, and her only living relative is a son who is away at work in a printing establishment all day. Even her hands were so crippled she could scarcely bend them, yet today she is making cross-stitch luncheon mats with hands that are swollen and stiff and awkward, but willing, and with a mind that is alert and contented and reconciled to what the fates have dealt her in the game of life. The personal contact of someone who was interested in her, someone who believed in her ability to do things even though so crippled, has meant untold happiness to her, and the very small amount of money which she has earned from the sale of her articles has been a veritable pot of gold in her eyes.

A man, we shall call him John Brown, aged twenty-five, fell from a scaffold last spring, spent several months in hospital, and then was sent home in a plaster cast to spend the rest of his life in bed. His aged parents, a young wife and a baby son were dependent on him, and although he came under the Workmen's Compensation Act, he lay day after day sobbing because he was so helpless, and his recovery so slow. By degrees he has become less resentful, and while he weaves the gaily coloured raffia purses he talks of what the future holds for him, and he is slowly but surely realising that although he will never walk again, and the years may be long that he will live, there are worse fates than his. He can buy tobacco with the money he earns, a pink scarf for his wife, or a Peter Rabbit toy for the baby boy, and the money thus earned is not charity: it is the result of honest toil.

Three tiger cats, a white Spitz dog and an under-sized fox terrier are the only company little ten-year-old Bessie has while her mother is away cleaning offices and her daddy is working in the foundry. But she has to stay in bed because her heart is so weak, and even animals become uninteresting when one is very young. That is why making coloured purses is such fun; that, and also because when they are well-made and Miss Adams brings up the money for them, one can send away for the most marvellous perfumes to sell to anyone who drops in, and thus increase one's income; for, of course, there are so many, many books to read and they cost money too.

Little boys and big boys, girls too, men and women, whether old or young, must be helped when they are recovering from an illness or when that illness is so hopeless that recovery is impossible, and the days grow into years while they just lie in bed. Since 1925 the Victorian Order of Nurses has demonstrated the need for occupational therapy, has blazed the trail in Canada for this work in the homes of patients, and once again I beg of you to take home with you the thought that this wonderful interest that has been given to V.O.N. patients should be widespread; not only should Victorian Order patients benefit by it and through it, but it should be made available for hospital cases, for chronic and convalescent persons, no matter what their circumstances may be.

Five hundred and ninety-four dollars were given to patients in 1929, the result of hard and often laboured work, but no amount of money can measure the hope, the happiness and the mental peace that were given to them as well.

Editorial

Deeds Count

Very often it is found advantageous for those bent on achieving a goal to chose a Watchword!

The efforts of Canadian nurses in past national undertakings have met with splendid success and we now write in the interests of the present nation-wide Survey on Nursing. No venture on which we have launched in the past compares with The Survey when its beneficial results to the individual nurse are anticipated.

For almost a year the search-light of investigation has been turned on nurses and nursing in Canada. This inquiry is being conducted under the expert guidance of Dr. G. M. Weir, who is in charge of the Department of Education at the University of British Columbia.

From the very beginning it has been emphasized that the ultimate results and benefits of the Survey shall depend greatly on the co-operation and response of the individual nurse, so that even though our nurses are in the midst of summer vacations we wish to remind them that there is still time for them to assist in promoting the interests of the individual participant and the profession as a whole as the Survey proceeds in the coming weeks and months.

May we refresh the minds of those already interested, and also inform those to whom the Survey is rather a vague subject at present, that the investigation includes inquiry into the economic status of the nurse, as well as the educational conditions and community health interests.

Questions being studied include: radical causes of unemployment, fees, possible superannuation provisions for nurses, and similar matters.

It is quite impossible to arrange for individual interviews between the Director and our nurses. In order that the Survey may be an extensive one questionnaires have been sent to a large number of nurses. Any of these who have not already returned a completed form are asked to do so at once. However, there may be a number whose addresses have not been supplied to the Director and who wish to make their contribution toward the Survey. These should write to "The Committee on Nursing Education, Medical Arts Building Toronto, 5, Ontario," asking for a form. Each one making this request should state if she is a Private Duty, an Institutional, or a Public Health nurse.

Another means by which assistance can be rendered is by each one assuring herself that others have filled in and forwarded their questionnaires to the committee.

What better Watchword can be ours until the final date arrives for the closing of the Survey records than "facta dicunt"—deeds count?

Department of Nursing Education

Nursing Education and the University School

By **MARION LINDEBURGH**, Assistant Director, School for Graduate Nurses, McGill University

As an approach to the subject, Nursing Education and the University School, it might be helpful to present a brief summary which may furnish a background and serve as an orientation.

Professor Capen, a recognised educator, states that there has been obviously four states in the development of professional education.

The first and earliest state was that of apprenticeship: that type of training which is founded on habit, and developed through practice, under the guidance of a master worker.

This process of learning was simple but exacting. The student was first told what to do, or a model or pattern was placed before him; he was then carried through each gradation of the learning process, and then through a period of long and continuous practice, until a satisfactory end was accomplished. The result of such a process of learning was satisfactory from the point of view of accuracy and precision in skill and in general workmanship.

However, in the light of modern science we can cite certain disadvantages to this type of learning. Perhaps the most outstanding disadvantage is that it tends to narrow the individual's horizon. If one's life is guided simply by habit, regardless of the reason why, work can be finally accomplished with little thought or consciousness on the part of the worker. Because of its definite formulation it ceases to become creative; there is no place for experiment or further investigation; and in this particular it dwarfs the personality. The individual becomes a machine and slave to his task. This perhaps explains the reason why certain older countries such as Egypt and China have maintained a dead level of social life for so many hundreds of years. This does not suggest that such a system of education should be entirely discouraged, for everywhere we see favourable results of training by experience, and when we sum up life in general we realise that much of what we are is largely the result of the apprenticeship way of doing things. It seems to be a natural trend of life's procedures. We cannot break entirely with the past, but we must realise that the standard of learning does not remain at a certain sanctioned level.

An educator has stated that learning and education is an "ever not quite," and because human nature is a growing and acquired thing, there is never a finishing point where achievement ceases. Even when achievement is satisfactory, there is always a place for refinement and perfection. This philosophy is artistically expressed by Tennyson in these lines from "The Princess":

> "Our echoes roll from soul to soul,
> And grow for ever and for ever."

It is only when we have these that we can rise beyond the accepted level and can, by a knowledge of the underlying principles, rise to higher planes of attainment: only then can we have professional growth and achievement.

This suggests the second stage in the development of professional education, namely, expansion; and this marks the era of formal education as undertaken by the school.

(From an address delivered to the Ontario Registered Nurses Association, District No. 8.)

It might be said that the school is an institution, specially fashioned for carrying out in a scientific way an educative procedure and with a programme so arranged that the mental capacity of the learner is allowed freedom for development under proper discipline and guidance. It is in the school that the individual defines himself in terms of his greatest interest and strength, to be later recognised in his contribution to society; that is, the efficiency of the school is to be judged, not by what the individual does in the school, but by what he does in society after he leaves the school. During the early part of the period of expansion, which can be placed in the last century, professional schools of all sorts multiplied rapidly; they were not at first exacting in educational prerequisite—that came later; but the main objective was more schools and more recognition.

The third period, beginning with the early part of this century, was one of standardisation, and this period has not ended. Improved standards for professional schools are being defined and have been partially secured. The value of standardisation as an organising factor in the early development of institutions, and its dangers after a certain point in healthful development has been reached, is a most interesting consideration, but time will not allow for exposition and discussion.

The fourth period, and one of which we are all most conscious, might be described as the critical stage. Practically all sorts and standards of professional education have in the last few years been subjected to a critical analysis. This need not be alarming, it is in fact a healthful sign, in that an analysis must always precede the process of reconstruction and upbuilding.

Nursing education as viewed in the light of this evolutionary process coincides very readily in pattern. The movement has not been strictly in terms of sequence, but we see in nursing today something of each advancing stage of progress; that is, we have still in our system of nursing education certain apprenticeship patterns, more or less modified. We are still in the process of expansion. New fields for work are opening out before us giving greater opportunity for service.

Towards standardisation efforts are being taken in every province and state; the efforts towards the standardisation of provincial and national curricula for schools of nursing, entrance requirements, registration and hospital inspection are all familiar situations today.

There is, however, a larger enterprise getting under way that aims to examine nursing education critically in the light of new developments and standards of professional institutions. The survey made by the Rockefeller Committee for the study of nursing education in the United States, the report of which was prepared in 1923, and the work of the Grading Committee which is still in operation, with its first publication of "Nurses, Patients and Pocketbooks" in 1928, are evidences of the process of analysis. In Canada, at the present time, we are deeply interested and concerned in the Survey relating to nursing education which is being carried on under the direction of Dr. Weir, of the University of British Columbia, and which we hope will prove of great diagnostic value. We further hope that as a result certain adjustments may be considered which will assist the nursing profession in crystallising its problems and in elevating its professional status—all of which will tend towards better professional service to society in general.

It is very evident from these movements taking place in the field of nursing that we are merging into the status of a recognised profession. Strictly speaking, the professional status of nursing has not been as yet fully established, due to certain fundamental weaknesses, although we are credited with many of the stable qualities that characterise a recognised profession. In this relation we must have patience and perseverance.

Having reviewed briefly the evolution of professional education with its particular application to nursing, we might consider a particular and initial essential that has been found necessary in the operation of all professional work, namely, qualified leaders.

We have only to look about us and view the various positions of leadership open to men and women today to be impressed with the growing emphasis that is being placed upon adequate educational qualifications. Indeed, there are many of the major positions that are no longer accessible unless the applicant has a university standing, regardless of previous experience. The world is changing its estimate of values. So in nursing education there is a growing demand for leaders with special qualifications. This qualification for leadership in the nursing field is now made possible through the establishment of graduate courses in the university school. In this relation it is interesting to note that about fifteen years ago in Canada the universities had nothing to offer the graduate nurse in relation to higher professional education; and in that space of time departments of nursing education have been established in connection with several Canadian universities, which now offer acceptable courses in teaching, supervision, administration and public health.

Perhaps one reason for this recent expansion may be attributed to certain effects of the Great War. It gave to society at large an awakened consciousness of the superlative value of human health and national welfare. It created a growing demand for the public service of well trained nurses in the conservation of personal and community health. It sent many graduate nurses and social workers back to school in order that they might better prepare themselves to answer these imperative calls. The increasing demand for graduate nurses with post-graduate or university training is a most encouraging professional feature in that it is an indication of the growing appreciation on the part of the public for efficient nursing service.

As yet it is not possible for all graduate nurses destined to be leaders to avail themselves of higher educational qualifications. Scholarships are much appreciated but limited, and as yet the university course is for the comparative few who can spend money and time in taking a course.

In correlating the undergraduate school and the university school, and in thinking of them as a unity, it might be said that the undergraduate school of nursing provides the basic and fundamental course to secure the attitude and skill and required knowledge essential for general nursing practice, but it does not plan to prepare the specialist or to qualify for leadership: this must be secured in the graduate schools of nursing.

The function of the graduate school or university school is to prepare leaders for the various recognised positions in the nursing field. The hope and aim of the school as generally stated in a university calendar is to send out leaders who, whether by helping to improve the methods and raise the standards of nursing education, or by doing efficient work in the several fields of public health, may serve the public as health workers.

The question has been asked: What are the values of a university course? Perhaps the most obvious and outstanding is in terms of increasing knowledge. Opportunity is given for a more extensive study of those scientific subjects that were undertaken in the undergraduate school, and of subjects offering new interests and affording greater vision and understanding. The contact with fellow students, with members of other groups, and with teaching members of different faculties, affords not only inspiration but has a cultural value. The many benefits and associations of the university give to the student a confidence and faith in herself that will assist her later in taking her place in rank with the leaders of other professions. Careful consideration has been given to the planning of courses that will best fit the nurse for the particular position for which she wishes to qualify. In outlining the courses I shall adhere to the plan as demonstrated in the McGill University School, as that is the school with which I am particularly familiar.

Courses offered relate to teaching, supervision and administration in schools of nursing and to the field of public health.

Before differentiating it might be noted that there are certain professional subjects of general education that are basic in application in all fields of nursing. Whether the graduate is specialising in the field of administration, supervision or teaching she should have an appreciation of human nature as it is manifested in the individual and in relation to society. This suggests particularly the values of the social sciences, namely, psychology and sociology, as essential background studies.

Such courses seem to provide the nurse with a scientific point of view, giving an insight into, and more intelligent understanding of, human problems; and this in turn will assist in her attempts to restore health and happiness.

Because all positions of leadership in nursing education require teaching ability, it is considered necessary that principles of teaching also be a required study in all courses. The ever-growing demand for public health nurses has resulted in a marked increase in the number of students taking the course in this type of nursing service. One of the essential things in public health nursing is to gain the "health" point of view. In many undergraduate schools a short time is given to the student nurse whereby she may receive an insight into the public health field, but it is not sufficient to gain a full appreciation of health values.

Public health work today is wide and far-reaching, and its workers should have a thorough preparation. In every case the nurse must be a health teacher: prevention and health teaching must be first and foremost. She must consider the mental as well as the physical problems of human living, and in these achievements lies the value of a course in public health. Besides the basic studies in psychology, sociology and teaching principles, special subjects are offered to fit the nurse for her particular field. Of special mention are courses offered in child hygiene, mental hygiene, nutrition and health, social case work, and observation and practice in health teaching. Field work is arranged whereby the organisation and function of various health agencies may be studied.

Courses as outlined for those who are qualifying as instructors and supervisors in schools of nursing are planned to meet the needs of the classroom and clinical instructions. This includes the principles of curriculum construction, with its particular application to the extent and organisation of content, in relation to both theory and practice.

Successful teaching suggests, firstly, a thorough knowledge and appreciation of subject matter and, secondly, an understanding of the pedagogical principles controlling effective presentation. Certain content courses are offered that will allow the nurse to specialise in the subjects which she plans later to teach. A specific part of the course relates to observation and practice teaching. In this connection students are assigned weekly to different hospitals where they observe lessons being taught. This is followed by conference and discussion. After a definite period of observation the students are instructed in the preparation of lesson plans, and teaching topics are assigned. The students teach under supervision, and all lessons taught are followed by weekly conferences for the purpose of constructive criticism and discussion.

Nursing as a subject to be taught deserves particular emphasis. It is the one subject that justifies our existence, and all other subjects are of importance in so far as they strengthen the knowledge, attitude and skill relating to efficient nursing care and health service. It is a subject most demanding of an instructor who is specially qualified to give her students those essential principles relating to the comfort of the patient and restoration to health which is basic in all nursing care.

Supervision suggests a dual function, namely, administration and teaching. As a most significant aspect of supervision today relates to clinical teaching, the supervisor should have an appreciation of teaching problems. Stress is being given to the values of efficient supervision whereby the clinical experiences of the student nurses may be made more purposeful and nursing care be more efficiently given. Besides the courses as arranged for classroom instructors, a particular course in principles and methods of supervision is offered to meet this special need.

Because of the nature of the position as administrator or superintendent of a school of nursing, the course in administration is given careful consideration. The administrator requires a broad preparation which will prepare her to take her place as a leader in the community and as adviser to all those under her on her teaching staff. Her knowledge should be of such a nature and extent as to serve in guiding her supervisors and teachers in carrying out a sound educational programme. This suggests an appreciation of the social sciences and of teaching principles, together with special courses in administration in nursing schools and hospital economics. Weekly excursions are arranged to various hospitals, where organisation and internal management are studied, and these are followed by conferences for the purpose of further study and discussion.

There are certain elective subjects available in all courses; courses in English are to be recommended because of their particular cultural value.

A certificate is granted upon the satisfactory completion of one year's work. A complete course leading to a diploma covers two academic years. The significant value of the two-year course is that it affords the student an opportunity to undertake certain subjects which a one-year course would not permit; and it is so arranged that the second year relates particularly to specialisation.

This is but a general outline of the trend of procedure in a university school. The developments of the departments of nursing education in Canadian universities can be followed with interest, and although objectives are similar, there are naturally differences in the extent and pattern of development.

Department of Private Duty Nursing

Psychopathic Disorders Among Ex-Service Men

By R. H. ANGROVE, M.B., Chief of the Neuro-Psychiatric Service, Ste. Anne's Hospital, Ste. Anne de Bellevue, Que.

In presenting this brief summary of psychopathic disorders among ex-service men, the observations are confined to the type of case in the neuropsychiatric service at Ste. Anne's Hospital.

This service was instituted some nine years ago, and, with a psychiatric population averaging more than three hundred, it may serve as representative of the disorder of this nature throughout Canada. Much has been said of the conditions of active warfare, its stresses, shocks, wounds and disease, and one cannot doubt as to their effect on human beings, generally, and that, moreover, these trying conditions were the activating, if not the direct causes of mental upsets, there is also little doubt.

The great majority of psychiatric patients under our care suffered their original upset while serving with the Canadian Expeditionary Force during or immediately following active service. In a very small percentage there was a history of some similar upset prior to enlistment, with war conditions undoubtedly activating a latent unbalance. A much larger percentage showed no evidence of mental disturbance until after demobilisation, when there was a general relaxation; the emotional tensions which had carried many through most trying experiences held throughout the stress, only to break down later. The legislature has been generous with this latter type, in that the Department of Pensions and National Health, under which we at present operate, has accepted responsibility for most of these cases, often with full compensation for both the patient and his dependents. For instance, a man who had a reasonable length of service in France, and who suffered a so-called shell shock, neurasthenia, a psychotic episode or similar upset, which condition subsequently cleared up, but which years after demobilisation recurred through causes other than vice or misconduct, would even at this late date be entitled to hospitalisation for observation and investigation, and if such investigation excluded vice, misconduct, and venereal disease as exciting factors in the recurrence of his unbalance, he would be eligible for treatment to a finality, with a living allowance for his dependents and a small monthly allowance for himself, so long as hospital treatment was necessary. If recovery is complete he is returned to civil life, but if there still remains an industrial handicap his case is then considered for compensation by the Board of Pension Commissioners.

A good portion of enlisted men were subjected to abnormal stresses prior to or just before entering manhood, and now, ten years later, are typically of praecox type, though at the time of the original disorder they were classed variously as shell shock, neurasthenia, confusional insanity, environmental psychotic episode, etc. Glancing over our clinical records, it is found that dementia praecox constitutes more than two-thirds of our neuro-psychiatric strength. Many of these were doubtless constitutionally predisposed, but others have, after careful investigation, shown no trace of such predisposition. With the comparatively early enlistment age, it was inevitable that there should be a large percentage of this type of psychosis, the normal number being probably augmented by the subjecting of immature emotional balance to abnormal stresses. The remaining one-third is composed of psychoses and neuroses in about the same percentages as are found in civilian institutions. Manic depressive insanity, toxic psychoses, primary mental defect, psychotic episodes occurring on a deficiency basis, epilepsy (traumatic and idiopathic), cerebro-spinal disease, alcoholism, drug addiction, and a small number of cases grouped under the psycho-neuroses are found.

The re-establishment of the defective group, particularly those with recurring psychotic episodes, has been found difficult of solution. The chief difficulty is not because of the mental level but rather the lack of social adjustment. Many of this group would probably be self-supporting today were it not for this lack of adjustment. If those of minor intellectual equipment are allowed a life undisturbed, a mechanical routine existence, the likelihood is that they may continue so indefinitely. Take the same potentially unstable individual from this routine and he will usually find difficulty in resuming his normal life; put him in uniform for three or four years, with, perhaps, front line experiences, and his readjustment to his former station becomes increasingly difficult, and in some few cases impossible.

Military service carried with it an existence more or less care-free, and with but little personal responsibility. So long as the man remained in uniform he was assured of a living and provision for his family. The man became dependent. Intensifying this dependence some men have greater obligations than formerly, with growing families, and find themselves unable to cope with the added responsibilities. In some cases a socialistic attitude has become prominent, some men, fortunately few in number, trying to capitalise their military service, assuming the viewpoint that "we sacrificed our positions, risked our lives, and injured our health for the country, and now the country should look after us." Thus the compensation handicap to recovery in these few cases presents a problem in itself. By far the largest number, however, have risen superior to their disabilities, as a result of natural adaptability, special training, experience, business relations, etc.

Contrary to general belief we find less than four per cent. of our cases classed as cerebro-spinal disease, the impression of the laity being that a much larger number of our patients suffer from this type of disorder. Treatment of these cases with malarial inoculation and tryparsamide has shown satisfactory results. Of the 10 cases so treated, two have recovered and resumed their places in society; six have definitely improved; one has retrogressed; and one advanced case died before the onset of rigors.

The hospital is adequately equipped with up-to-date apparatus. Fourteen continuous baths are found on our wards, and a physiotherapy section, with complete hydropathic system and electrical appliances, including galvanism, faradism, diathermy, and the sun-lamp. Our x-ray department has recently been renovated and obsolete equipment replaced by modern operating theatres for general and special work, a clinical laboratory and a dental clinic are provided.

Coming to our staff, there are three resident full-time physicians in charge of the neuro-psychiatric patients, also a resident chest specialist whose services are always available, and a dental surgeon who makes periodical surveys of all cases. The consulting staff is composed of outstanding specialists: two alienists, a neurologist, pathologist, an eye, ear, nose and throat specialist, and a Roentgenologist make regular and frequent visits, their advice and recommendations for treatment and disposal being of inestimable value. In addition, the services of physicians in other special branches are available; in all our consulting staff comprises thirteen specialists.

Female graduate nurses, all with psychiatric training, are in charge of our wards, irrespective of the type or severity of the patients' disorders, and to these nurses the mental attendants are directly responsible for the actual care of the patients and the supervision of the ward. These attendants are all ex-service men, and, having experienced war conditions like their less fortunate charges, are better able to understand the whims and eccentricities originally born of military affairs. The "brothers-in-arms" sentiments exist and there is a sympathetic relationship between patients and staff to perhaps an unusual degree. Many of these patients have retained a portion of their military discipline, and the modified use of this facilitates the handling of large groups. There is no intimation of resentment in the use of these measures, and provided the discipline is not too rigid the benefits more than offset the disadvantages.

Ward occupational therapy is carried on extensively under the direction of six specially trained ward aides, and through a generous and sympathetic public most completed articles find a ready market. The use of occupational therapy has done much to restore, or at least retain, faculties which would otherwise degenerate.

A social service department is maintained to investigate cases influenced by difficult domestic complications, and also to secure follow-up reports of patients discharged. In addition, the department has established and has in successful operation Vetcraft Shops in different centres of the Dominion, where employment is provided for those industrially handicapped either physically or mentally, where a living wage is provided, and where eccentricities are tolerated to the last extreme. It is interesting to note that these shops, now operating on a wholesale production basis, are practically self-supporting. Outdoor occupation provides a means of employment during favourable weather for about 35 per cent. of the patients, and the improved appearance of our grounds during the past few years serves as a stimulus to further effort in this direction. We started with a very barren piece of land and now have attractive grounds with still room for much improvement and unlimited occupation for our patients. They take a genuine interest in the general appearance of their surroundings, and are undoubtedly benefitted thereby. Other features of our establishment which cannot be overlooked are the green-house and gardens furnishing healthful and interesting occupation for about forty patients, and from which incidentally flowers and ferns for the wards are supplied throughout the year.

In concluding, a general survey of our cases suggests that the psychopathic disorders among ex-service men show but little deviation in type from the psychopathics ordinarily encountered among civilian population. The delusions and hallucinations of the acutely psychotic types appear in some cases to be punctuated with disturbances referable to war experiences, but, generally speaking, one is impressed with the similarity of the disorders and how nearly the percentages of each group conforms with the records of psychopathic hospitals other than those for ex-soldiers.

The Federal Government has been justly generous with the returned man, by providing practically unlimited facilities for the treatment of those physically and mentally afflicted. From a total enlisted strength of some half million men, there are at present just over one thousand psychopathic cases receiving hospital treatment, a comparatively small percentage, and Canada may well congratulate herself on this evidence of the stability of her manhood.

(The Canadian Medical Association Journal, April, 1930.)

Department of Public Health Nursing

Where Nurse and Social Worker Meet

By ELIZABETH L. SMELLIE, Chief Superintendent, Victorian Order of Nurses for Canada

Dr. Fleming was kind enough to select this title for me. To tell the truth, it is really where nurse and social worker do not meet which gives me the most intimate concern. But we will come to that aspect later. Just as in conferences of public health workers, there are frequently advanced arguments for and against generalisation, and the pendulum swings one way or another depending on the present emphasis and the divergent views of the group assembled, so in a gathering of intelligent and socially-minded individuals such as this all can scarcely be expected to view even social problems from precisely the same angle, and it would be very uninteresting if they did. The viewpoint varies depending on previous experience of life and special preparation for the work in which engaged. Regardless, too, of whether or not well qualified personally and professionally, if they have not had journeying mercies and come to know something of Canada outside their own city, the outlook is apt to be a limited rather than a general one. Surely most of us would go far enough to agree that, with due deference to the generalist, the specialist is a necessity to stimulate along certain lines, and is it not rather futile to argue who constitutes the best workman?

As a person unattached to the larger centres, may I make a few observations regarding these centres in which social workers and public health nurses do meet and where they might probably strengthen each other and work more effectively as units of a local federation were each group fully cognizant and appreciative of the function of the other in dealing with their common interest—"the family"? Personally, while very partial to nurses with pleasant dispositions, if the social worker particularly were under discussion I should feel prone to wish that in the larger centres she be actively interested, almost to the point of being aggressive, in her effort to achieve the objective of direction of that family to the health agency. A *laissez-faire* attitude may mean the worker on either side assuming a passive rather than an active interest and the importance of linking up with the health or social agency be overlooked.

Dr. Armstrong, in addressing the conference in Montreal two years ago, referred to the fact that visiting nursing services were by no means yet used to full capacity. He went on to say that the social worker who knows what the objects of the nursing service *are*, who knows under what conditions and circumstances certain groups of individuals are eligible for this service, can do a great deal to encourage its more extensive and effective application. Again, a nurse may fail to report a family to a social agency as early as she should, most exasperating to the social worker who is apt to feel she is lacking in appreciation of the social problem involved.

(Paper given at Second Canadian Conference on Social Work, Toronto, 1930.)

In the larger centres, instead of creating a line of demarcation as to where the nurse ceases to function and the social worker begins, one likes to dwell on the possibility of fusion of effort.

This attitude was dealt with rather aptly by Miss Robinson in her paper given at the International Council of Nurses last year. "Five years ago, perhaps, we taught the public health nurse and the social case worker to co-operate with each other, outlining as carefully as possible their respective fields. Today, it seems to me, through the development in both these fields, these limits are being more and more transcended through this increasing concern with the individual's problem. Whenever that problem presents itself to any agency, there it must be handled with the best equipment which the worker and that agency can acquire. . . . Furthermore, in more complex problems where the worker's knowledge is not adequate, it should at least be extended far enough to be able to guide the individual to a place where he will find greater help in the solution of his problem if he so desires."

Then there needs to be more frequent interchange of thought and experience between health and social workers. Insofar as organisation is concerned, the public health nurse has previously held the advantage and has organisation behind her to a degree. She is registered in her province and through district membership becomes a member of the Canadian Nurses Association. She also can have membership in the Nursing Section of the Canadian Public Health Association. Many belong to the N.O.P.H.N. (American), some to the A.P.H.A. So keen are they for knowledge that it is rumoured some are ambitious to become members of the Canadian Association of Social Workers for the further inspiration this would give them, and because our problems frequently are so closely knit together. The more she knows, the more appreciative the public health nurse is of the fact that she can not presume to call herself a case worker unless better equipped, nor has she a desire to force the issue and to seek membership in a social workers' organisation unless she is actually needed and wanted. When one compares the academic and practical preparation of public health nurse and social worker, there are certain basic differences in training, and while undoubtedly some universities include in public health nursing courses more theory and practice in social work than others, the case worker is primarily devoting herself to her chosen occupation just as the health worker has health as her primary object. Most nurses are extremely sympathetic towards any effort of the case worker to set and maintain standards and to establish the profession on a sound basis. Granted, then, that it would be presumptuous for the average public health nurse to expect to be admitted to a sectional group of case workers whose technique has been carefully worked out and planned any more than she would expect to be admitted on a professional basis to a medical or ministerial association meeting, is not the member of each profession apt to be deprived of a valuable contact if she reserves for herself a water-tight compartment? At one of the earlier conferences in Toronto, in discussing the possibility of developing a Canadian Conference on Social Work, a well-known Toronto health authority stated: "The most serious difficulty would be to satisfy those whose interest in conferences was a narrow professional one." Was not the original intention of some of the far-seeing and at the same time practical pioneers of social work, well qualified to judge, too, that the time was not yet when social work had become so well organised and accepted that in urban and rural communities alike drastic action might not tend to limit interest and participation and so cripple the progress of social work organisation as a whole? There are a number of people who have been driven through force of circumstances to undertake social work, but who have not had opportunity for special training. Nevertheless, they feel keenly the need of stimulus, of occasionally coming together and of county or regional conferences of all those interested in health and social progress.

Eventually further limitation in membership might be necessary, but meantime may not one suggest the case work section: a group within a group: and through the larger section opportunity for conference and discussion with possibly provision for refresher courses for those already engaged in social work who have not had the benefit of full training? There is one other angle of the relationship in the larger centres between social worker and nurse which, unless each is working in the closest harmony, may later lead to trivial misunderstandings or friction unless deliberately faced. Many health workers now look forward with optimism to the time when the hospital will function as the health centre. This would inevitably mean a much closer relationship with the public health agencies outside than exists at present.

The Health Commissioner of New York makes reference to this possibility in a recent address. Dr. Wynne says: "A study of the causes of infant mortality shows that much of the necessary preventive work must begin long before the child is born. . . . Since an increasing proportion of mothers now go to a hospital for their confinement, this whole subject presents a fertile field in which the hospital can and should engage in public health work. . . . In their follow-up service work few hospitals have as yet awakened to the importance of what is generally termed public health nursing. True, most of the modern hospitals have a system of social service work, but social service and public health nursing are not synonymous. For example, in the case of a tuberculosis hospital patient, it is not enough to have a social worker report on the home conditions. What is needed is an effort to discover cases of contact infection in the home. Such contacts must be brought in for examination and the proper steps must be taken to see that treatment is instituted to prevent the development of active disease in these contacts. In the case of venereal infections, conditions are practically the same. When a child comes to the out-patient department suffering from scabies, a visit to the home by the public health nurse should be undertaken in order to make sure that reinfection will not occur. In short, the present system of social service visiting should be enlarged in scope so as to include health nursing."

Now as to where nurse and social worker do *not* meet. The past six years in a national position have brought me in contact with other aspects of this problem. In some instances there seems little possibility of their meeting for some years to come. Why? Public opinion has to be aroused as effort has been and is still being made, both through provincial departments and voluntary agencies, to stimulate interest, to soften the hearts of and secure some financial response from municipal, county and provincial departments. Public opinion *is* the laity, whether in governments, federal, provincial or local, and unless time and consideration are given to enlightening and interesting individual members, neither moral nor financial support will be forthcoming. This is where the public-spirited layman can help, and is this not another argument for extension of general membership? Workers need to become recognised as "balancers" rather than uplifters. Could we stress more the advantages of greater accomplishment rather than to dwell too much on qualifications for eligibility and to grieve as some seem prone to do on the limitations of a nurse as a social worker, or on the family agency because of being too deliberate about attacking the problem or too hesitant to give material relief—to many the one panacea for all social ills? A little respect for the more intimate knowledge of her own particular job on the part of each worker for the other would be a wholesome beginning. Speaking as a public health nurse, I may say, too, that while naturally wishing for closer contact with the other group for our mutual benefit, some of us hesitate to apply for membership until fully assured the social workers wish to include and will cordially welcome public health nurses as members of their organisation.

Then what about Canada apart from the university departments, the five or six larger centres where spade work is being done and basic principles for the future development of social work in Canada being worked out by well-qualified leaders? Just what is happening and who is going ahead doing the pioneer work socially, whether adequately or inadequately, at least as well as *she* knows how? In but *very few* places are there trained or indeed semi-trained social workers, and who do we find carrying on? Provincial nurses, municipal nurses, Red Cross nurses, Victorian Order nurses, Mothers' Allowance investigators, Children's Aid officers, Social Service representatives, and others. The primary activity of those engaged in health education, sometimes combined with actual nursing, is not social work, but responsibilities are thrust upon them and someone must carry on until the social worker comes and is in a position to grapple with this problem and to meet the need. Many of you have doubtless read what Miss Hardwick says in a recent article about pioneer rural social work in the New England States: "Who knows what the social case work needs of the small town *are?* There must be a wealth of information on the subject in the experience of public health nurses, which should be made available for study. . . . The rural public health nurse has carried case work into places where it was sorely needed and where the social worker had never been wanted, and perhaps would not have been tolerated. The public health nurse has been a trail blazer and social case workers owe her a debt of gratitude. Would one way to pay this debt be for those organisations—public and private—who have assumed leadership in social work to take such steps as these? First, to offer a consultant service which would on occasions actually help to handle the difficult case. I do not say 'field service,' for that may so easily mean only the piling up of more tasks for the local workers. . . . Surely it is not impossible to devise a service whereby a competent case worker might help the nurse by sharing experience and training. Second, this case work group might study conditions in several small communities with the help of the public health nurses, seeking an answer to some of the questions raised here. Shall it be two public health nurses or a nurse and social worker? Shall we put all our energy into spurring on the publicly supported case work group, which does actually have some sort of representation in every town, to placing trained workers in the important job of town or county relief officer? Or, if private case workers are to supplement the work of the nurse, should they be part of the nursing association or a separate agency? A joint study committee of the two groups would add to our knowledge of rural problems and strengthen both professions."

What can we do here in Canada? These suggestions are interesting. Possibly we have been remiss in not introducing social workers into our programme at our national and provincial nurses' meetings. Possibly area conferences might help. When the executive secretaries of some of the social organisations go West or East, could they say they are coming and give the more isolated worker an opportunity of conference with them? Because, apart from our own work, have we not to assume some general responsibility? Just as the public health nurse frequently feels helpless because there seems to be no place nor organisation to which to refer cases for diagnosis and medical treatment, so does she become aware of social problems, but is compelled to stand by, feel she is doing nothing and that palliative treatment may not be the wisest solution. We need to be increasingly conscious of our mutual dependence, and whether social worker or public health nurse, to be enabled to see beyond our own "little horizon": while still maintaining high standards and loyalty to our own group, also to devote some thought to our responsibility to kindred organisations. In our effort to increase appreciation of the value of the well-qualified worker and in securing additional recruits, may we not completely lose sight of the experienced worker less fortunate than some but who in her own way, if not in ours, has taken a share in ameliorating conditions in parts of the country when no other service was available. This winter must have revealed that Canada is not a group of isolated sections, that if any one province suffers physically or financially the whole country is inevitably affected, whether the problem be unemployment, financial crisis or disaster. Better than close on a pessimistic note, may I terminate these remarks with a paragraph from the delightful address given by General Smuts to the Canadian Clubs and League of Nations Society in Ottawa a few months ago, which must make us realise anew we have something to work for and which gives us courage to "carry on." "I say of Canada: what a tremendous future is in store for this great country! I am sure, ladies and gentlemen, that not even the greatest dreamer among you, not even the most sanguine patriot among you, has the least conception of what is in store for this great country. It may take a generation, it may take two or more generations, but the day is coming when this country will rank among the great powers, and you are happy in laying broadly the foundations of something which will be very great in the history of the world."

References:

Application of the Principles of Social Case Work to Public Health Nursing: Virginia Robinson, The Public Health Nurse, October, 1929.

City of New York Department of Health, Weekly Bulletin, April 5, 1930.

Trail Blazing in Social Work: Katharine D. Hardwick, Director, School of Social Work, Simmons College, Boston, Mass.; The Public Health Nurse, March, 1930.

Address by General the Rt. Hon. J. C. Smuts, at Ottawa, Interdependence, January, 1930.

CANADIAN PUBLIC HEALTH ASSOCIATION

At the annual meeting of the Public Health Nursing Section of the Canadian Public Health Association, held on May 20th, 1930, in the Medical Building of the University of Toronto, the following officers were elected: Chairman, Miss Ruby M. Simpson, Director of Nursing Service, Department of Public Health for Saskatchewan; vice-chairman, Miss Muriel McKay, Ontario Hydro Electric Commission, and secretary, Miss Jean McKenzie, Director of Junior Red Cross for Saskatchewan.

What the Rural Public Health Nurse Should Know About Diabetes

By LILLIAN A. CHASE, B.A., M.B., Regina, Saskatchewan

People are dying of diabetes today not because medical science does not know how to keep them alive, but because this knowledge is not being applied to all of the people who need it.

It is not being applied because (a) all doctors are not familiar with the newer methods of treatment, (b) patients do not present themselves to doctors for treatment until certain degenerative changes associated with diabetes have taken place, (c) after patients have placed themselves in the doctor's care they are too self-indulgent to follow instructions.

The public health nurse should know the symptoms of diabetes, which are thirst and frequency: she should know that diabetes almost never occurs in those over forty unless they are overweight or have been at some former time.

She should know in a general way how to prepare a diabetic meal; that it is no longer necessary to feed diabetics meals which are nauseatingly high in fat and that a diabetic can be fed without resorting to large quantities of cabbage.

She should know that a diabetic should visit his doctor once a month, or if he is too far away to do that at least once in three months.

She should know that a doctor in the country can take a blood sugar in a vacuum tube in which sodium fluoride and thymol will preserve it until it can reach the city for estimation, and she should know where these tubes can be obtained.

She should know that all patients whose urine shows sugar do not have diabetes and that the way to make sure is to have a blood sugar done two hours after a meal high in carbohydrates.

She should know that any diabetic can do all his own urinalyses and that children enjoy doing it; that any patient over ten can be taught to give his own insulin and that children are the most satisfactory sort of patients to treat because insulin makes them happy, healthy people. After they finish growing they may be able to stop taking insulin.

She should know that today a diapaganda is more important in the treatment of diabetes than new discoveries because, new and wonderful as the discoveries are, the public on the whole is not taking full advantage of them.

She should know that today a diabetic dies from one of two reasons—ignorance or self-indulgence.

She should know that the well-treated diabetic is the healthiest person in the community because he sees his doctor regularly, is neither overweight or underweight, has the best of fruit, vegetables and meat to eat and gets plenty of exercise and sleep.

BOOKS RECEIVED

Ethics—Talks to Nurses, by Mary E. Gladwin. Published by McAinsh & Co., Ltd., Toronto. Price, $2.00.

A Word Book and Outline of Anatomy and Physiology for Students in Nursing Schools, by Muriel L. Thomas. Published by McAinsh & Co., Ltd., Toronto. Price, 1.25.

Board Members Manual, by The National Organisation for Public Health Nursing. The Macmillan Co. of Canada, Toronto. Price, $1.40.

Miss Louise Dickson

Many nurses throughout Canada, as well as the graduates of the School of Nursing, Toronto General Hospital, have learned with deep regret of the death of Miss Louise Dickson, which occurred suddenly on June 20th at the Toronto General Hospital.

Miss Dickson had been superintendent of the Shriners' Hospital for Crippled Children in Montreal from the time of its opening. Her interest in the work done there and her ability as an administrator proved most valuable in the splendid record for curative work already established by that hospital.

Following her graduation from the School of Nursing, Toronto General Hospital, in 1916, Miss Dickson held several positions in the Hospital, and was for a time instructor of nurses at the Hospital for Sick Children, Toronto.

Previous to taking charge of the Shriners' Hospital in Montreal, Miss Dickson attended the School for Graduate Nurses, McGill University.

As a member of the Board of Managers for the Association of Registered Nurses for the Province of Quebec and of the Board of Examiners for the Registration of Nurses for several years, Miss Dickson contributed greatly toward the development of recent progress of nursing education in Quebec.

Miss Dickson gave unstintingly of herself in the preparations for the Congress of the International Council of Nurses when she acted as secretary of the Arrangements Committee.

Those who attended the Congress will readily recall that she was in attendance at Headquarters aiding and advising in many ways, as well as being hostess daily to those who visited the Shriners' Hospital.

It is somewhat difficult to express the sincere regret with which these few lines are being written, and with which one recalls those tense moments when, at the recent meeting of the Canadian Nurses Association in Regina, the representatives of the nursing profession from all parts of Canada stood in silent tribute to the memory of her who so recently had been active among us and who had planned to attend the very meeting which now showed its sorrow at her untimely loss.

To nurses, who, like Miss Dickson, zealously adhere to the highest standards of nursing and who quietly contribute their best to the profession, the nurses of Canada are indebted beyond measure.

In expressing our sorrow for the loss of another faithful worker from our ranks, may our own resolves to improved effort be renewed—in this way more than in any other shall we prove our gratitude to the fellow-worker who has entered what we may be assured is a greater and wider realm of Life.

In Memoriam

In loving memory of Janet Forrest Brown, a graduate of the Montreal General Hospital, Class 1897, who entered into rest July 1st, 1930. Miss Brown was an outstanding member of a band of very fine young women who were trained and sponsored by the late Miss Livingston, and sent forth to minister to the sick and afflicted in the community at large. They were the pioneers of the modern graduate nurse, and by their faithfulness to duty and usefulness of purpose did much to make nurses a comfort and necessity in time of need.

Born in Scotland, Miss Brown brought to this country and put into her work many sterling qualities which made her a decided success in her profession and beloved and respected by all who came under her ministrations. Those who travelled along the same road found in her a dear, loyal friend, possessing a strong and upright character, ever ready to cheerfully advise or lend a helping hand.

She has passed through "The Valley of the Shadow." Surely after a life of service such as her's, it will be "He leadeth me beside the still waters, and maketh me to lie down in the green pastures. . . . He restoreth my soul."

—A tribute from an old friend and R.V.H. graduate.

Hoiryung Medical Work

By Miss J. WHITELAW

(The following excerpts are from a report recently received from Miss Jessie Whitelaw, of her work in Korea. Miss Whitelaw, after graduating from the School of Nursing of the Women's College Hospital, Toronto, took a course in Public Health Nursing at the University of Toronto. In a letter from Miss Whitelaw, she states: "I miss all the good meetings that I was able to attend when home on furlough, but I enjoy so much The Public Health Nurse and The Canadian Nurse."—Editor.)

The future of Hoiryung medical work is more promising than ever before, for besides an increasing daily clinic and a growing number of out-calls for doctor and nurses, there is a very noticeable increase in receipts and in the inspirational side of the work. The Home Board (W.M.S.) has decided to list us in their regular estimates, thus taking on our work definitely for 1930.

In March, permission was received from the Mission to transform the missionary residence into a public health clinic and dispensary. On the walls in the hallway have been hung health posters, temperance charts and evangelical charts, and the staff lose no opportunity of presenting health, spiritual and moral needs to patients or visitors.

A report of one busy day for either doctor or nurse on our staff would read somewhat as follows: One hour's teaching at the Girls' School, six out-calls for the doctor, and one combined out-call for doctor and nurse, thirty-five clinic cases and a most interesting case of a man who had walked twenty-five miles to the hospital with a very badly injured hand. Although the man's hand had been bandaged, he had rested it in a vessel, and when he reached the clinic the dish was full of blood and the man was in a very weak condition. Amputation of two fingers was necessary in this case, and probably the whole hand will have to be removed later.

In nine months this clinic ministered to five thousand patients, and fees for these amounted to fifteen hundred dollars, so that with a two hundred dollar grant from the Mission it was possible to purchase some much needed equipment. With the increased grant, beds and other necessaries for Child Welfare work can be secured, and the field of service very much enlarged. The work is not confined to public health work within the town of Hoiryung, but extends to country districts which are covered by weekend itinerating trips. It is hoped that this work will be facilitated through the purchase of a car, and the staff are hoping that some of the home friends will donate money toward the purchasing of a Ford, which could be bought at a reasonable price at Hoiryung. This would not be a luxury, but is much-needed equipment in the carrying on of public health work in the outlying districts.

News Notes

ALBERTA

Calgary: The Calgary Association of Graduate Nurses wish to advise the nurses of Canada of the over-supply at this point. Our hospitals are graduating large classes, and we feel it is our duty to help the new graduates.

In all fairness to the members of the Nursing Profession, we wish them to understand that anyone coming to Calgary at this time may have a long period of unemployment.

Medicine Hat: Miss Auger and Mrs. D. M. Smith attended the Biennial Meeting of the C.N.A. as delegates from Medicine Hat.

Miss Maude Davidson and Miss Lonsdale, of the Provincial Health Department, were guests in the city on July 1st. Miss Davidson has been conducting Baby Welfare Clinics, while Miss Lonsdale has been doing the advance work in this district for the Travelling Clinic.

BRITISH COLUMBIA

The following list gives standing in order of merit of nurses writing the recent examination for the title and certificate of Registered Nurse of British Columbia:

First Class—80% and over—Misses K. Rowlay, Vancouver General Hospital; E. Bird, St. Joseph's Hospital, Victoria; T. J. Bartle, St. Eugene Hospital, Cranbrook; M. Dorsett, Vancouver General Hospital; E. M. Fairhurst.

Second Class—65% to 80%—Misses G. M. Bremner, V. E. Richardson, E. M. Johnson, E. G. Shaw, E. M. Dobbie, M. F. Armstrong, N. G. Martin, M. E. Ross, M. S. McRae, E. E. M. Trusler, (J. E. Boulton, E. J. Brydon, W. E. East—equal), (E. Fawley C. A. E. Harrison—equal), K. E. Giles, D. M. Giles, M. M. Stone, (M. E. M. Verey, R. M. Hodgson—equal), M. E. Gregson, R. H. Jones, A. H. Hobden, (M. M. Shaw, R. F. Laidman—equal), (H. E. Warren, G. A. Moir—equal), V. K. Pearse, M. Rupe, E. V. Hardwick, A. M. McKnight, (R. Frate, A. J. Campbell—equal), P. G. Heffell, H. M. Davidson, (L.A.M. Peters, O. Gordon—equal), (J. A. Couture, M. Martin—equal), E. M. Howlett, (E. K. Sveen, E. D. Powell—equal), (E. W. Graham, E. O. Dickie—equal), (G. J. Harper, M. B. Atwater—equal), (E. V. Wintemute, E. L. Drinkwater—equal), H. E. McKay, (R. E. Patterson, R. Olafson—equal), (K. Holmes, H. E. Fraser—equal), (T. M. Lundahl, D. Todd—equal), K. Federici, G. Longbottom, (M. G. Briggs, E. M. Gallicano—equal), (H. W. Ball, M. P. Blaney—equal).

Passed—50% to 65%—Misses E. M. Wrightman, E. L. Chadsey, E. G. Smith, E. V. McLeod, G. Heavysides, M. I. Williams, E. B. Moore, A. D. Humphreys, M. B. Parkinson, (M. O'Hagan, H. K. Southwell—equal), M. Fernie, E. S. Gifford, M. E. Gavin, (M. G. Beattie, A. M. Webster—equal).

Passed Supplemental Examinations—V. E. Brown and C. M. Hardie.

Passed with Supplemental Examinations to write—M. D. Munn and F. E. Jupp.

MANITOBA

General Hospital, Winnipeg: Among the W.G.H. graduates who attended the C.N.A. General Meeting in Regina were: Miss Ethel Johns, of New York; Miss Mabel Gray, of Vancouver; Misses Ruby Simpson, Gladys McDonald, and E. Naisbitt, of Regina; Miss McKinnon, of Qu'Appelle; Miss E. Wright, of Sturgis; Miss Mary Montgomery, of Prince Albert; Mrs. J. F. Morrison, Mrs. J. A. Davidson, Mrs. E. M. Doyle, Misses Gertrude Hall, T. Wiggins, Mildred Reid, Agnes Pearson, Evelyn Vollett and Isabel McDiarmid, all of winnipeg.

Miss Ruby Simpson (1919), Director of Nursing in Saskatchewan, entertained delightfully at her home in Regina, in honour of W.G.H. graduates attending the General Meeting.

The members of the Alumnae Association were guests at a charmingly arranged tea at the home of Mrs. Carl Stewart (Gladys McDougal, 1919), of Regina, during the Meeting.

ONTARIO

Paid-up subscriptions to "The Canadian Nurse" for Ontario, in July, 1930, were 1,194. Four less than in June, 1930.

Appointments

General Hospital, Kingston: Miss Hattie Cameron and Miss Evelyn McAuley (1928) to the staff of the Strong Memorial Hospital, Rochester, N.Y.; Miss Irene Breckenridge (1928) to the staff of the Rochester General Hospital; Miss Harriett Simpson and Miss Elizabeth Mellow (1929) on duty at the Lockwood Clinic, Toronto; Misses Dorothy Osborne, Margaret Cochrane and Hester Clark (1928) institutional work at Olean, N.Y.; Miss Gladys McBroom (1927) and Miss Helen Derry (1929) to the new Private Pavilion of the Toronto General Hospital; Misses Hannah Robb and Mary Patrick (1927) general duty at the Buffalo General Hospital.

Western Hospital, Toronto: Miss Elaine Playle (1928), to north operating room, 3rd floor, Toronto Western Hospital; Miss Gwendolyne Jones (1926), relief at the Out-Patients' Department, Toronto Western Hospital.

Grace Hospital, Toronto: Miss Phyllis B. Clark (1927), to Colombo, South America, to engage in work under the Imperial Oil Company; Miss Edna M. McFarlane (1929). to the Municipal Hospital, Melville, Sask.

DISTRICT 1

VICTORIA HOSPITAL, LONDON: Miss Alma Carruthers and Miss Margaret Ball have left for New York, where they will engage in institutional work.

DISTRICT 2

GENERAL HOSPITAL, BRANTFORD: The graduating exercises were held on June 3rd, 1930, at the Brantford Collegiate Institute, when seventeen graduates received their diplomas. The graduates were entertained by the Alumnae on June 5th at a dinner dance at the Brantford Country Club, and also at the June Alumnae meeting, when a pleasant evening was enjoyed.

Miss Hope Doeringer, who recently underwent a serious operation at the Willett Hospital, Paris, is progressing favourably.

Mrs. David Muir (nee Eursulla Austin), of Saskatchewan, who has been seriously ill for the past two weeks, is now progressing favourably.

Miss Adella McKee, of Calgary, Alta., is home on a visit.

GENERAL HOSPITAL, WOODSTOCK: At the April meeting of the Alumnae, Dr. Krupp gave a very interesting illustrated lecture on his trip to Australia. Refreshments were served at the close of the meeting.

On May 2nd graduating exercises were held in the City Hall. Dr. Williams, of Hamilton, gave the address to the graduating class and Mayor Sutherland presented the diplomas. In the evening an informal dance in honour of the class took place.

The annual meeting of the Alumnae was held on June 9th, when election of officers for the coming year was held. Miss Jefferson gave a most interesting report on the annual meeting of the Registered Nurses Association of Ontario, which was held at the Royal York Hotel, Toronto. Yearly reports of the secretary and treasurer were read and proved very satisfactory, showing that a most successful year has been completed. At the conclusion of the meeting refreshments were served.

DISTRICT 4

GENERAL HOSPITAL, HAMILTON: At the graduating exercises of the class of 1930 the scholarships awarded were: For one year post graduate work at a university, given by the Board of Governors, Miss M. Christine Livingstone and Miss Jenny H. Hoogendyk; the Emma F. Pratt Scholarship for general proficiency, Miss Margaret A. Bain; the Mary McLaren House Scholarship for general proficiency, Miss Grace E. Herbert; prize for highest standing in obstetrical nursing, given by Dr. D. G. McIlwraith, Miss Margaret A. McDougall; prize for highest standing in surgical nursing and technique given by Dr. John R. Parry, Miss Laura A. Moore; prize for efficiency in bedside nursing, given by Dr. F. B. Mowbray, Miss Velma M. Granger; prize for highest standing in medical nursing, given by Dr. F. M. McLoghlin, Miss Viola M. Phillips.

Miss Catherine Chapple (1926), has joined the Social Service Staff of the Hospital. Miss Laura Moore (1930), is relieving on the operating room staff for the summer months.

ST. JOSEPH'S HOSPITAL, HAMILTON: The graduating class were the guests of the Alumnae at the annual dinner held in the Strathcona room of Noble's restaurant, on May 26th. The guests were received by Miss Quinn and Miss Maloney. Many nurses attended from out of town and enjoyed the social hour of dancing and singing which followed the dinner. The previous week the graduates were entertained by the senior class at a dance in the Nurses Home.

DISTRICT 5

GENERAL HOSPITAL, OSHAWA: The members of the Alumnae entertained the graduating class of 1930 at a dinner and dance at the Masonic Hall on June 5th. Graduating exercises were held in the Collegiate Auditorium on June 20th, when ten graduates received their pins and diplomas. At the close of the exercises Miss Elizabeth MacWilliams, Superintendent, was the recipient of a beautiful platinum necklace with aquarmarine pendant, a gift from the Board of Directors, and a lovely breakfast set from the Ladies Auxiliary, in recognition of her twenty years as superintendent of the Oshawa Hospital. Following the presentations, a reception was held for the graduating class and their friends.

The annual picnic of the Alumnae was held at Lakeview Park on June 28th.

WELLESLEY HOSPITAL, TORONTO: On April 25th the Alumnae held a most enjoyable dance in the Crystal Ball Room of the King Edward Hotel in honour of the members of the graduating class of 1930. The guests were received by Miss Ross, Mrs. R. J. MacMillan, Mrs. J. G. Gallie, Mrs. J. W Rush, Miss Carson and Miss Anderson.

Graduating exercises were held on June 4th on the lawn of the Hospital. The Rev. Dr. Cody addressed the graduating class, and Mrs. H. A. Bruce presented the diplomas. The scholarships were presented by the donors. A garden party was held after the exercises, Miss G. B. Ross, Superintendent, receiving the guests.

HOSPITAL FOR SICK CHILDREN, TORONTO: The graduating exercises for 1930 were held at Convocation Hall on June 4th, Rev. J. R. P. Sclater, D.D., addressing the class. Scholarships for various post-graduate courses were won by Miss Marjorie Rosseter, Miss Elizabeth Langman, Miss Avery Gelling, Miss Marjorie Francis; and the Florence J. Potts Scholarship, presented by the Alumnae, was won by Miss Mary Leslie (1924).

The dinner given by the Alumnae in honour of the graduating class was held this year in the Royal York Hotel ,and was very well attended by both Toronto and out-of-town nurses. An interesting part of the programme was the presentation of a life-membership in the Alumnae Association to Miss Hamilton, one of the first graduates of the school.

Miss Florence Peterson sailed the latter part of June to spend two months travelling through England and the Continent.

Miss Isobel Lindsay (1929) has left to spend several weeks on the Continent.

Mrs. Russell Heffering (Louise Downs, 1926) sailed early in July with her husband, who is spending several months in Vienna pursuing post-graduate studies.

The engagement of Miss Joan McLaren (1927) to Mr. Wm. McDonald, of New York, has been announced. The marriage to take place this fall.

TORONTO WESTERN HOSPITAL AND GRACE HOSPITAL, TORONTO: The joint graduating exercises of The Toronto Western Hospital and Grace Hospital, Toronto, took place June 3rd in Convocation Hall, when twenty-eight nurses graduated from the Toronto Western Hospital. The invocation and address were given by Rev. G. Stanley Russell. Twelve prizes were awarded, including two scholarships. Donors of special prizes were: Board of Governors, Mrs. Alex. Fasken, Drs. John Ferguson, W. R. Wesley, Gordon Copeland, and Frank R. Scott, Messrs. Thomas Findley, George R. Warwick, John Medland, Frank McMahon; and a gold medal by the Ladies' Board. Mrs. W. H. Price, wife of the Attorney-General of Ontario, presented the diplomas and pins. A reception was held at Hart House at the close of the exercises.

WESTERN HOSPITAL, TORONTO: On June 27th the Alumnae Association held a garden party on the grounds of the Edith Cavell Residence of the Hospital. A number of out-of-city members were present, and a very pleasant evening was spent.

Miss Lena Smith (1922) has been granted a three-months' leave of absence from the Out-Patients' Department, and is on a trip through the Southern States and Western Canada.

Miss Edith Bolton (1928) has been awarded the H. A. Beatty Scholarship for McGill University, Montreal.

Miss Jessie Douglas (1919) has returned from California and is staying with her sister in Whitby, Ont.

GRACE HOSPITAL, TORONTO: Miss Beatrice Mae Tunbridge (1929) has gone to John Hopkins Hospital, Baltimore, for a post-graduate course in surgery.

GENERAL HOSPITAL, TORONTO: Miss Evelyn MacLauren and Miss Edith Smart are the first graduates of the combined 4-year Public Health course given by the University of Toronto in affiliation with the Toronto General Hospital.

Members of the Alumnae will regret to learn of the recent death of Miss Maude Coatsworth, who was nurse in charge of the Admitting Department of the Toronto General Hospital.

Miss Coatsworth served during the Great War under the Q.A.I.M.N.S., and following demobilisation she was engaged in industrial nursing with the T. Eaton Company previous to joining the Admitting Department.

Miss Coatsworth was well known and much loved by all with whom she came in contact.

DISTRICT 7

GENERAL HOSPITAL, KINGSTON: Graduating exercises were held in Grant Hall, Queen's University, on June 2nd. Thirty-five nurses received their diplomas. Canon Cody of Toronto was present and addressed the class. After the exercises a reception was held at the Nurses Residence. The following evening a dance was given by the hospital staff for the graduates and their friends.

DISTRICT 8

At the June meeting of the Private Duty Nurses, held in the Carnegie Library, Dr. H. B. Moffett of the staff of the Ottawa Civic. Hospital, gave a very interesting lecture.

Miss Alice Ahern, Chairman of District 8, is spending two months abroad. Before leaving she was presented with a bouquet of roses by the members of the District.

CIVIC HOSPITAL, OTTAWA: When graduating exercises took place on June 4th, fifty-two nurses received their diplomas and pins. The presentations were made by Miss Gertrude Bennett, Superintendent of Nurses.

Miss Marion May, Assistant Superintendent of the Ottawa Civic Hospital, is spending her vacation in Europe.

GENERAL HOSPITAL, OTTAWA: The Alumnae entertained at a dinner and bridge in the Quebec Suite of the Chateau Laurier in honour of Miss Isabel McElroy, night supervisor, on the occasion of her silver jubilee in the nursing profession. Dr. J. S. Woods, Dr. S. M. Nagle and Rev. Father P. C. Hariss were the speakers. Vocal selections were rendered by Miss Agnes Sanders and Dr. C. T. Fink.

Twenty-three nurses received their pins and diplomas from the Ottawa General Hospital when the graduating exercises took place on June 4th in the hall of the Lisgar Collegiate.

COTTAGE HOSPITAL TRAINING SCHOOL, PEMBROKE: The graduating exercises took place in the Collegiate Auditorium on June 5th, eleven nurses graduating. A very interesting programme was presented, Mr. J. H. Reeves, K.C., acting as chairman. The President of the Hospital Board, Mr. R. L. McCormick, presented the diplomas, and Mrs. N. Cohen, President of the Alexandra Club, presented the badges. The Florence Nightingale Pledge was administered by the Rev. Mr. Waterman, and the address to the nurses was delivered by Dr. F. C. Delahay. After the exercises a dance was held in the Auditorium.

Miss Mary Phippen and Miss Margaret McFarlane (1930) have accepted positions on the staff of Dr. Caven's Hospital, Ottawa.

DISTRICT 10

PORT ARTHUR: The May meeting of District 10, Registered Nurses Association of Ontario, was held in the new General Hospital, with twenty-eight members present. Final arrangements were made for entertaining the members of the graduating classes from the three hospitals. Miss Margaret Flannagan of St. Joseph's Hospital, Port Arthur, was appointed delegate to the C.N.A. biennial meeting at Regina, and Miss Mary Sidew, McKellar Hospital, Fort William, who was delegate to the annual convention of the Registered Nurses Association of Ontario held in Toronto, gave her report. During the social hour lunch was served by the hospital nurses.

The members of the graduating classes of St. Joseph's and the General Hospitals, Port Arthur and McKellar Hospital, Fort William, and their friends, were entertained by the Registered Nurses Association at an informal dance in St. Andrews' Parish Hall, Port Arthur. The Executive acted as hostesses, the guests being received by Miss Boucher, President, and Miss Jane Hogarth, Past-President.

General Hospital, Port Arthur: Graduating exercises were held June 3rd in St. John's Church. The Rev. A. J. Bull, Rector of the Church, and Dr. J. A. Crozier addressed the gathering, while Mr. A. H. Knulson, Chairman of the Hospital Board, assisted by Miss M. J. Fraser, Superintendent, presented the diplomas and medals. Awards made were: gold medal for general proficiency, Miss Elsie Code; prize for Intermediate Class was won by Miss Dorothy Armstrong, and for Junior Class by Miss Edith Todd. Following the programme a dance was held in the I.O.O.F. Hall, a buffet supper being served by the members of the Ladies' Aid.

St. Joseph's Hospital, Port Arthur: Graduating exercises were held in the Prince Arthur Hotel June 11th, the Rev. Father Preneau acting as Chairman. The gathering was addressed by Dr. R. H. Bryan, and the diplomas were presented by Rev. Father Preneau. Presentation of prizes and staff medal was made by Dr. R. E. Coulson. Miss A. Nickelson received the gold medal, and prizes went to Miss Mabel Brownlee, Miss E. Gammond, Miss E. Hyses, Miss F. McLean, Miss M. Servais, Miss M. Hamilton, and the intermediate to Miss Ruth Garland. At the conclusion of the ceremonies dancing was enjoyed and lunch was served by the members of the nursing staff.

McKellar Hospital, Fort William: The May meeting of the Alumnae was held in the McKellar Hospital Nurses Home, Mrs. F. Eberts and Miss N. W. Watkinson acting as hostesses. Following the business of the meeting, court whist was played. The Alumnae pins, in the school colors—purple and gold—have arrived, and may be obtained for three dollars from Mrs. F. Eberts, 1701 Sills Street, Fort William.

Graduating exercises were held in St. Andrew's Church, June 4th. Mr. H. H. Beeman gave the address, and Mr. D. Smith, Chairman of the Hospital Board, presented the medals and diplomas with the assistance of the Superintendent, Miss B. Bell. The graduates took the Florence Nightingale Pledge, led by Miss Bell. Presentation of the medals was made by Dr. W. P. Hogarth, President of the Medical Staff. The gold medal for general proficiency was won by Miss Ruth McLean and Miss Marguerite Lark, Miss Helen Patterson, Miss Margaret Robinson and Miss Pearl Keeley won the silver medals. Prizes for intermediate year were won by Miss Eva Laine and Miss Catharine Lemon, and for charting, Miss Florence Stoughton. Miss Pearl Morrison of Washington, D.C., former Superintendent of the Hospital, sent a beautiful basket of roses and best wishes to Miss Bell and the graduatng class. Dr. A. D. Stewart addressed the graduates, and Miss B. Brown gave the valedictory address. Following the programme the graduates and their friends were entertained by the Intermediate Class in the Nurses Home.

The dance given by the Hospital in honour of the graduating class was held June 5th in the Norman Room of the Royal Edward Hotel. The guests were received by Miss B. Bell, Superintendent, and the members of the class.

QUEBEC

Royal Victoria Hospital, Montreal: Miss Marjorie Dobie has resigned as instructor at the Royal Victoria Hospital, and has left to spend a year at International House, New York City, while continuing with post-graduate work at Columbia University.

Miss Barbara Widder (1918) has taken a position as Public Health nurse at Campbellton, N.B.

Miss Ella Moffatt (1919) has been appointed night supervisor in the Ross Pavilion.

Miss E. B. Rogers (1929) will take up her duties as assistant instructor, Royal Victoria Hospital, on September 1st.

Miss Kathleen B. Hill (1922) has resigned as assistant in the Maternity Pavilion, and has accepted the position of Superintendent in the hospital at Trail, B.C.

Miss Mabel F. Hersey, Miss Barbara Campbell and Miss Kathleen Jamer of the R.V.H. Staff attended the C.N.A. Biennial Meeting in Regina.

The General Hospital, Montreal: Miss Olive McKay, superintendent, Miramichi Hospital, is a patient in The Montreal General Hospital, where she has undergone an operation.

The following nurses attended the Biennial Meeting in Regina last month: Misses Upton, Jamieson, Morrison, Batson, Armstrong, McOuat, Payne, Peters, Taylor, Cromwell, Cooke and Hales.

Miss Clare Gass, Director of Social Service (Western Division), has returned from Simmons College, Boston, where she has been taking a special course in Hospital Social Service.

Miss E. L. Dickie, who has been in New Westminster, B.C., for four years, has returned to her home in New Brunswick.

Mrs. McOuat (Jean Wilson), of Vancouver, B.C., is visiting friends in Montreal.

Miss Lawrence, Assistant Superintendent, Baby and Foundling Hospital, Montreal, is leaving this month for a six weeks visit in England.

Miss Charlotte McNaughton has returned from Victoria, B.C., and is at present relieving at the Royal Edward Institute.

Miss G. Labelle is assisting Miss Barrett at the Royal Victoria Hospital, Montreal Maternity Hospital for the summer months.

Miss Blanche Herman and Miss DesBarres are on the staff of the Laurentian San. for a short time. Miss L. N. Gray, Supervisor of the Victorian Order of Nurses, Winnipeg, is visiting in Montreal.

Miss M. Monk has taken a position with the Kotex Company.

The Misses E. Ward, B. Yardley, I. Lamplough, A. M. Smith and G. McKay have returned from Scotland, where they accompanied a patient from Quebec June 20th.

Miss Jean Smith has returned from England where she also had accompanied a patient from Quebec.

BIRTHS, MARRIAGES AND DEATHS

BIRTHS

BALKWILL—On May 17th, 1930, at Exeter, Ont., to Mr. and Mrs. Russell E. Balkwill (Vivian Hograth, Victoria Hospital, London, Ont.), a son.

BROWN—In May, 1930, to Mr. and Mrs. Brown (Margaret Guy, Owen Sound Hospital), Meaford, Ont., a son.

CAREY—On March 16th, 1930, at New York City, to Mr. and Mrs. Herbert Carey (Grace M. Pratt, Winnipeg General Hospital, 1925), a son.

CROSS—On May 15th, 1930, at Toronto, to Mr. and Mrs. Cross (Ruth Connor, Toronto General Hospital, 1925), a daughter.

CURLETTE—On June 22nd, 1930, to Mr. and Mrs. E. Y. Curlette (Pauline Glasford, Calgary General Hospital, 1925), a daughter.

CURTIS—Recently, to Mr. and Mrs. Harvey Curtis (Lillian Jackson, Kingston General Hospital, 1925), at Elyria, Ohio, a daughter.

DE LA COUR BOGUE—On May 29th, 1930, at Montreal, to Mr. and Mrs. Jackson de la Cour Bogue (Phyllis Spencer, Royal Victoria Hospital, 1926), a daughter.

DE BELLE—On June 19th, 1930, at Montreal, to Dr. and Mrs. J. E. de Belle (Hazel H. Stevens, Royal Victoria Hospital, 1928), a son.

DENNEBY—On April 28th, 1930, in New York, to Mr. and Mrs. J. Denneby (Rufina McCarten, St. Joseph's Hospital, Hamilton, Ont., 1923), a daughter.

HALL—On December 12th, 1929, at Toronto, to Mr. and Mrs. Thomas J. Hall (Verna Margaret Reeb, Grace Hospital, 1923), a son.

HILL—May 9th, 1930, to Dr. and Mrs. Carl E. Hill (Frances Haines, Hospital for Sick Children, Toronto, 1922), a daughter.

LANGSTAFF—On March 7th, 1930, at Toronto, to Mr. and Mrs. Homer Langstaff (Hazel Miriam Summers, Grace Hospital, Toronto, 1925), a son.

LEDINGHAM—On May 26th, 1930, to Mr. and Mrs. George Ledingham (Margaret Duncan, Owen Sound Hospital), of Souris, Man., a son.

MILNE—On May 7th, 1930, at Jasper, Ontario, to Mr. and Mrs. Frank Milne (Ruth Sansome, Kingston General Hospital, 1926), a son.

MacKENZIE—On March 28th, 1930, at Toronto, to Mr. and Mrs. Cameron MacKenzie (Helen McCord, Wellesley Hospital, Toronto, 1917), a daughter.

McKEEN—On April 6th, 1930, to Mr. and Mrs. McKeen (Winnifred Kirkwood, G. & M. Hospital, Owen Sound), of R.R. No. 1, Owen Sound, Ont., twin boys.

McKINNON—On June 9th, 1930, at Regina, to Mr. and Mrs. John E. McKinnon (Pauline Whiteside, Hamilton General Hospital, 1925), a daughter.

NICHOLSON—On June 9th, 1930, at Kingston, to Mr. and Mrs. Elwood Nicholson (Mabel Woodley, Kingston General Hospital, 1924), a daughter.

PHILLIPS—Recently, at Paris Ontario, to Mr. and Mrs. Reg. Phillips (Brantford General Hospital), a son.

PLASKETT—On July 1st, 1930, at Toronto, to Mr. and Mrs. Plaskett (Kathleen Johnston, Toronto General Hospital, 1926), a daughter.

SANDERSON—Recently, at Neepawa, Man., to Mr. and Mrs. R. J. Sanderson (Marion Quinn, Winnipeg General Hospital, 1926), a son.

SHANTZ—On May 29th, 1930, to Mr. and Mrs. Stanley Stantz (Olive Hurd, Owen Sound G. & M. Hospital), Kitchener, Ont., a son.

SIMPSON—On April 18th, 1930, at Brighton, Ont., to Mr. and Mrs. Simpson (Muriel Wells, Wellesley Hospital, Toronto, 1924), a son.

WALTERS—On June 16th, 1930, at Toronto, to Dr. and Mrs. Walters (Ilene Lacy, Toronto General Hospital, 1924), a son.

WARREN—On June 7th, 1930, at Flint, Mich., to Mr. and Mrs. Chas. E. Warren (Frances Taylor, Hamilton General Hospital, 1925), a son.

WILMETH—On June 14th, 1930, at London, Ont., to Mr. and Mrs. Lex C. Wilmeth (Meryl Luckhom, Victoria Hospital, London), of Forest, Ont., a daughter.

MARRIAGES

BARKER—SEXSMITH—Recently, at Napanee, Ont., Pearl Sexsmith (Kingston General Hospital, 1928), to Rowen Barker, of Picton, Ont.

BRAKE—BUFFAM—On June 28th, 1930, at Lanark, Greta Buffam (Kingston General Hospital, 1925), to Eric Brake, of Ottawa.

BROCK—SPARROW—In June, 1930, at Winnipeg, Mabel Sparrow (Winnipeg General Hospital, 1917), to Earl Brock. At home, Shaunavon, Sask.

BULL—BELWA—On July 3rd, 1930, at Montreal, Frances Anne Belwa (Royal Victoria Hospital, 1923), to Hugh Bull.

CARSWELL — FEATHERSTONE — Recently, in New York, Rita Featherstone (Hamilton General Hospital, 1929), to Dr. J. A. Carswell.

CHESTER—SHUMWAY—On April 22nd, 1930, at Winnipeg, Margaret Shumway (Winnipeg General Hospital, 1928), to Frank Chester.

CLARK—GUESS—On May 3rd, 1930, at Sydenham, Ont., Harriet Guess (Kingston General Hospital, 1928), to Harold Clark, of Collins Bay, Ont.

DAVIDSON — HUDSON — On June 21st, 1930, at Hamilton, Ethel L. Hudson (Hamilton General Hospital, 1928), to Stewart Davidson, of Hamilton.

DENNISON — BRYANS — On November 11th, 1929, at Claremont, Ont., Mabel Bryan (Wellesley Hospital, Toronto, 1929), to E. Dennison.

DICKIE — McKNIGHT — On June 28th, 1930, Vera McKnight (Oshawa General Hospital, 1929), to Francis Dickie, of Toronto.

EASON—MASTERS—On June 28th, 1930, at Alton, Ont., Margaret Masters (Toronto General Hospital, 1925), to Dr. Norman Eason.

FOULDS—CAMERON—At Northfield recently, Eleanor Cameron (Brantford General Hospital), to Fay Foulds.

FRASER—CURRIE—On June 14th, 1930, at London, Ont., Mildred Currie (St. Joseph's Hospital, Hamilton, 1929), to R. J. Fraser, M.D.

GORDON—HERSEY—On June 3rd, 1930, in Toronto, Hilda Hersey (Hospital for Sick Children, Toronto), to Huntley Gordon.

GREENING—COWDRY—On June 28th, 1930, at Cobourg, Ont., Elizabeth Cowdry (Royal Victoria Hospital, 1928), to Owen Greening.

HAWLEY — RICHARDSON — On June 28th, 1930, at Hamilton, E. Richardson (Hamilton General Hospital, 1916), to Leslie Hawley, of Niagara Falls, Ont.

HOWARD — BEATTIE — On May 28th, 1930, at New York, Jean Beattie (Calgary General Hospital, 1921), to John A. Howard. Mr. and Mrs. Howard will reside in Brooklyn, N.Y.

KINSMAN—McNEILL—In June, 1930, at Toronto, Kathleen McNeill, to Dr. J. D. Kinsman, South Porcupine, Ont.

LAURIE—BATTLE—On June 7th, 1930, at Hamilton, Ont., Mary Battle (St. Joseph's Hospital, Hamilton, 1928), to Neil Laurie, M.D.

LINDSAY—AUSTIN—On June 14th, 1930, at Kingston, Ont., Gwen Austin (Kingston General Hospital, 1923), to Dr. G. Clayton Lindsay, of Kingston. At home, 461 Princess Street, Kingston, Ont.

MACKO—JENKINS—On June 21st, 1930, at Calgary, Eleanor Jenkins (Calgary General Hospital, 1927), to Dymtar O. Macko, of Blairmore, Alta.

MacLELLON—MacPHERSON—On April 12th, 1930, at London, Ont., Leone MacPherson (Wellesley Hospital, Toronto, 1925), to Mr. MacLellon.

McCANN—HUDSON — On January 11th, 1930, at Montclair, N.J., U.S.A., Jeanne Alexandra Hudson (Grace Hospital, Toronto, 1926), to Harry William McCann, Montclair, N.J.

McDONALD—McFARLANE—On July 5th, 1930, at Hamilton, Ont., Maude J. McFarlane (Hamilton General Hospital, 1925), to Robert L. McDonald, of Glasgow, Scotland.

McLEAN — CLARKE — Recently, Edna Clarke (Brantford General Hospital), to Dr. W. McLean.

MOORE—MORLEY—On June 7th, 1930, at Cataraqui, Ont., Alfreda Morley (Kingston General Hospital, 1928), to Dr. Clifford Moore, of Harding, Mass.

MORRELL—GIBSON—On June 28th, 1930, at Toronto, Jessie Gibson (Hospital for Sick Children, 1924), to Dr. Clarence Morrell, of Ottawa.

MORTEN — CAMERON — On June 19th, 1930, at Toronto, Ruth Cameron (Hospital for Sick Children, 1922), to Dr. R. Morten, of Turtle Creek, Penn.

MURRAY—MUNRO—On June 14th, 1930, at Kingston, Ont., Laura Munro (Kingston General Hospital, 1928), to William Murray, of Kingston, Ont.

MURPHY — ZWICKER — On June 10th, 1930, at Woodside, N.S., Louise E. Zwicker (Nova Scotia Hospital, 1925), to Joseph M. Murphy. At home, 36 Victoria Road, Dartmouth, N.S.

PAEHAL — JACKSON — On June 14th, 1930, at St. George, Granada, West Indies, Ann Jackson (Toronto General Hospital, 1921), to Adolph Paehal.

ROBERTSON — SHEATHER — On June 7th, 1930, Edna Sheather (Oshawa General Hospital, 1928), to William Robertson, of Oshawa.

RUSSELL—GARDINER — Recently, Viva Gardiner (Winnipeg General Hospital, 1927), to William Russell, of Clearwater, Man.

RYERSON—RACE—On April 26th, 1930, at Brantford, Ont., Dorothy Race (Wellesley Hospital, Toronto, 1928), to Hume Ryerson.

SCOTT—BISHOP—On June 18th, 1930, at Orangeville, Ont., Janet K. Bishop (Hamilton General Hospital, 1928), to Dr. C. I. Scott, of Orangeville.

SIMMS—ANDERSON—On April 5th, 1930, at Vancouver, B.C., Dorothy Kate Anderson (Winnipeg General Hospital, 1918), to A. Ernest Simms.

SMITH—DAY—On June 17th, 1930, at Brantford, Ont., Lillian Jessie Day (Hamilton General Hospital, 1927), to Earle Stanley Smith, of Glanford Station, Ont.

SMITH—McDONALD—On June 26th, 1930, at Tilson, Man., Verna McDonald (Winnipeg General Hospital, 1929), to Everett Smith, of Winnipeg.

TAYLOR — OSBORNE — On May 20th, 1930, at Prince Albert, Sask., Florence (Mollie) Osborne (Winnipeg General Hospital, 1927), to Dr. Jack Taylor.

TWEDDY—LAWSON—On February 8th, 1930, Olive Lawson (Kingston General Hospital, 1927), to Clifford Tweddy, of Erie, Pennsylvania.

WAITE—TAYLOR—On October 7th, 1929, Mary Evelyn Taylor (Grace Hospital, Toronto, 1920), to William C. Waite, of Aurora, Ont.

WALKER—CLIFT—On June 14th, 1930, at Westmount, P.Q., Muriel Agnes Clift (Royal Victoria Hospital, 1928), to Herman W. Walker.

WATSON—HURST—On March 6th, 1930, at Toronto, Mabelle Hurst (Toronto General Hospital, 1926), to Charles E. Watson.

WHITESIDE—KING—On March 1st, 1930, at Lindsay, Ont., Mrs. E. G. King (Rita Hodgson, Wellesley Hospital, Toronto, 1923), to J. Whiteside.

DEATHS

BROWN—On July 1st, 1930, at Montreal, Janet E. Brown (Montreal General Hospital, 1897).

COATSWORTH — Recently, at Toronto, Maude Coatsworth (Toronto General Hospital, 1916), late of the Admitting Department of Toronto General Hospital.

DICKSON—On June 20th, 1930, at Toronto, Louise McGregor Dickson (Toronto General Hospital, 1916), late Superintendent of the Shriners' Hospital, Montreal, P.Q.

HODGINS—On Sunday, June 29th, 1930, at St. Joseph's Hospital, London, Ont., Martha Hodgins (Victoria Hospital, London, Ont.)

JARDINE—On June 7th, 1930, at Medicine Hat, Alta., after a lengthy illness, Jean Jardine (Medicine Hat General Hospital, 1926).

PAIN—On June 21st, 1930, at her residence in Hamilton, Mrs. (Dr.) Albert Pain (Margaret Melross, Hamilton General Hospital, 1909), after a lengthy illness.

SLADE—Recently, after a short illness, at her home in Newburgh, Ont., Gladys Slade (Kingston General Hospital, 1928).

WARNICA — On December 7th, 1929, at Toronto, Ella Louise Warnica (Grace Hospital, Toronto, 1909), late of D.S.C.R. Nursing Staff, London, Ontario. Miss Warnica served during the Great War, enlisting under the Queen Alexandra Imperial Nursing Service.

THE CANADIAN NURSE

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GRADUATE NURSES ASSOCIATION OF BRITISH COLUMBIA

(Incorporated 1918)

An examination for title and certificate of Registered Nurse of British Columbia will be held **September 17th, 18th and 19th, 1930.**

Names of candidates for this examination must be in the office of the Registrar not later than **August 17th, 1930.**

Full particulars may be obtained from:

HELEN RANDAL, R.N.,
Registrar,
118 Vancouver Block, Vancouver, B.C.

ASSOCIATION OF REGISTERED NURSES FOR PROVINCE OF QUEBEC

Examinations for qualification as Registered Nurse in the Province of Quebec, will be held in Montreal and elsewhere, on **October 1st, 2nd and 3rd, 1930.** Those wishing to write must apply for forms and other information to the Registrar, and these forms must be returned to the office before **September 7th, 1930.**

E. FRANCES UPTON, R.N.,
Executive Secretary and Registrar,
1396 St. Catherine Street West,
MONTREAL, P.Q.

WANTED: X-ray laboratory technician. Apply Anson General Hospital, Iroquois Falls, Ontario.

Applications will be received until August 15th, 1930, for the position of Dietitian for Glace Bay General Hospital, Glace Bay, N.S. Salary $75.00 per month with maintenance. State experience, age, etc. Apply to Superintendent, Glace Bay General Hospital, Glace Bay, N.S.

CORRESPONDENCE

Geneva, July 11th, 1930.

Dear Editor:

We have today received a letter from Miss Susan C. Francis, Secretary of the American Nurses Association, reading as follows:

"Following discussion of a resolution adopted at the Annual Meeting of one of the State Hospital Associations, the Board of Directors of the American Nurses Association, at a session held in Milwaukee, Wis., on June 7th, 1930, voted as follows:

"That through the International Council of Nurses and the International Nursing Review, notices be sent to the magazines of all countries outside of the United States that the nursing field in this country is overcrowded."

Sincerely yours,
(Signed) CHRISTINE REIMANN, Secretary,
International Council of Nurses.

Official Directory

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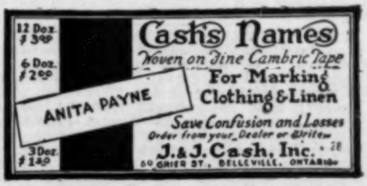
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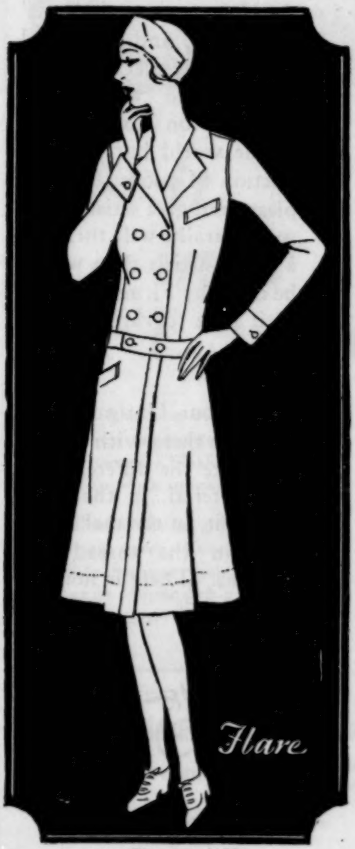

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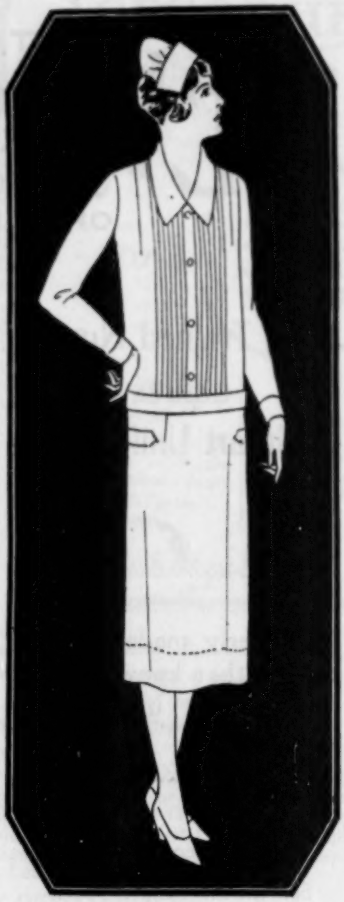

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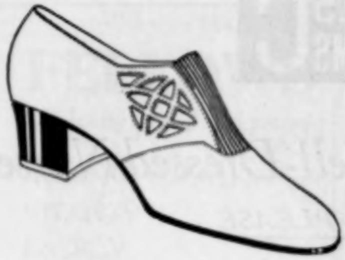

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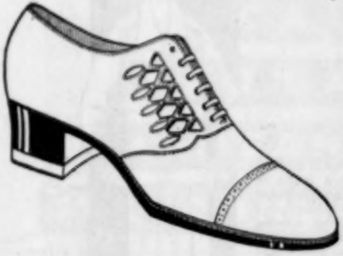

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